

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

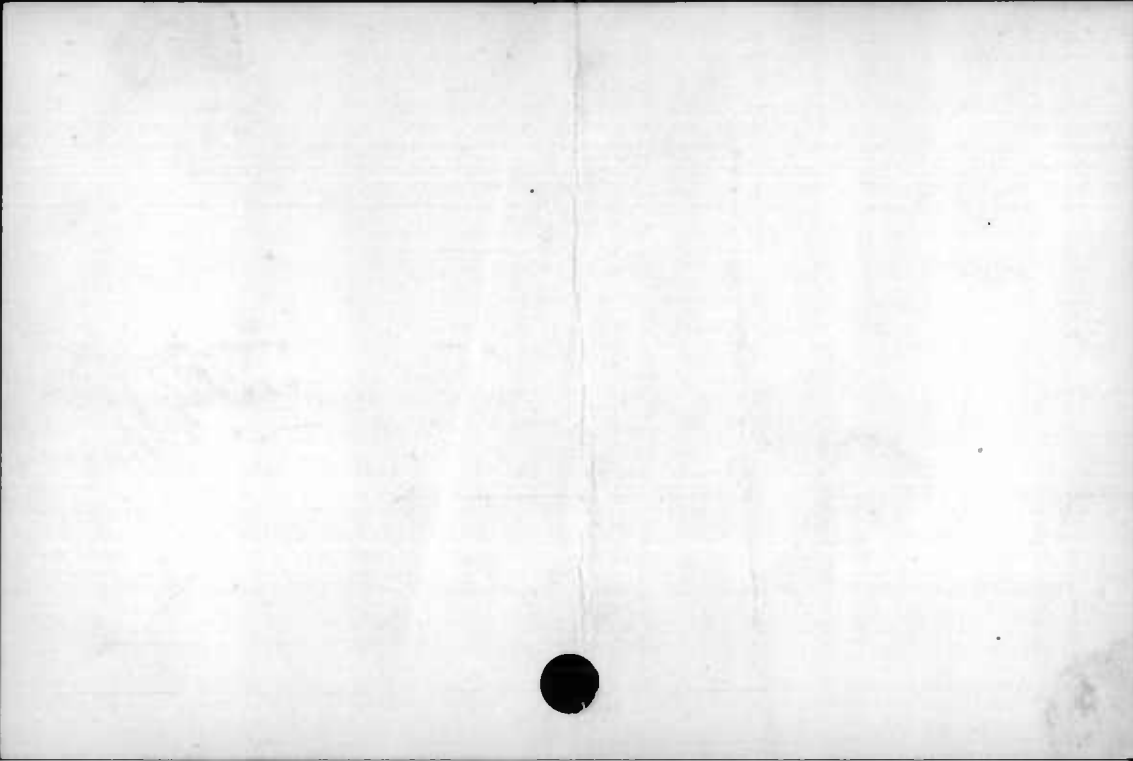
Name in Full <i>George W Bracher</i>		Town <i>Highside</i>		County <i>Farmville</i>		MARYLAND	
Died at <i>Highside</i>		Month <i>2</i>		Day <i>3</i>		Years <i>67</i>	
Date of death <i>1908</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>Ed</i>		Birth-place <i>Ind</i>			
Occupation <i>Labors</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Margaret Bracher</i>					
Father's Name <i>Ben Sunll Bracher</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Charles A. Dickson</i>		How related to deceased <i>Nephew</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>Two Years</i>
Immediate <i>Exhaustion</i>	How long <i>8 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. L. Smith</i>
	Address <i>Sudbrook</i>
	<i>Ind</i>
Accident or Suicide?	

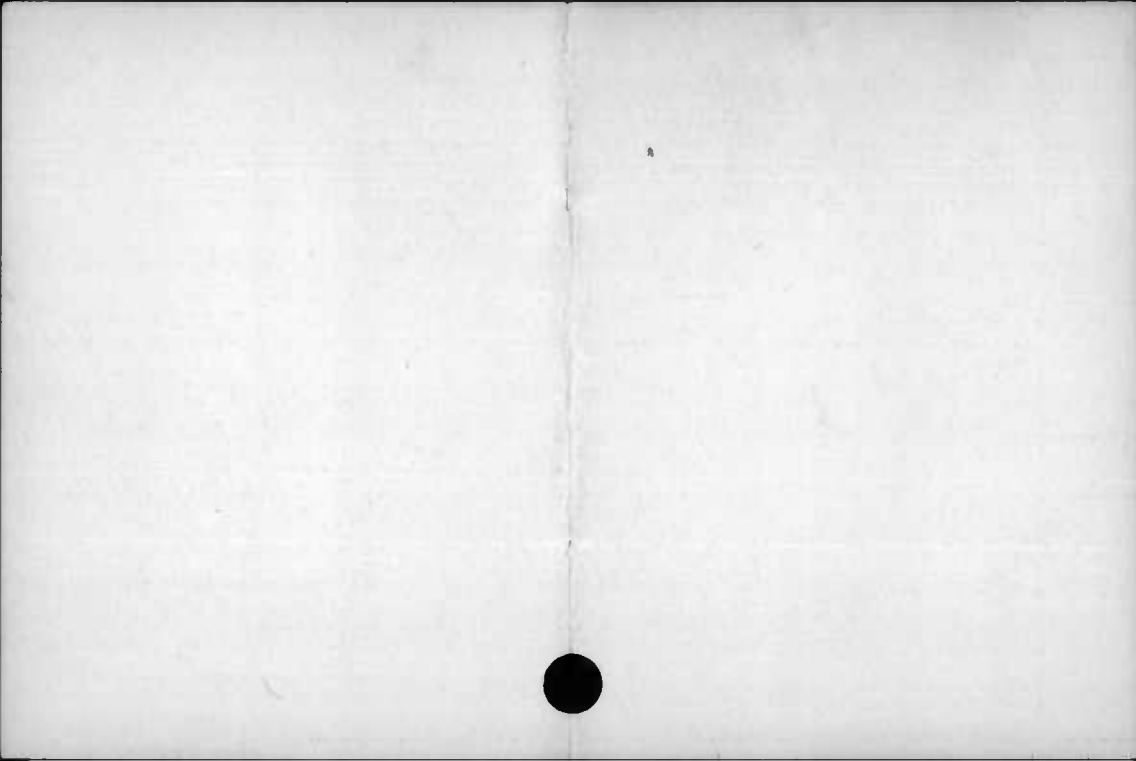


Name in Full		Rachel Brooks				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	near Uniontown		Queen Anne Co		MARYLAND	
	Date of death	1908	Feb	Day	Age	Years	Months
	Sex	Female		Color or Race	Cord		Birth-place
	Occupation	None		Where Residing if not at place of death		—	
	Married, Single or Widowed	Widow		Name of Wife or Husband		Unknown	
	Father's Name	Unknown				Father's Birthplace	Unknown
	Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
	Name of person giving information	Charles C Reese				How related to deceased	None
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">64</div>							
PHYSICIAN OR CORONER	Primary	Apoplexy				How long	Several hours
	Immediate	Coma				How long	Several hours
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	W. H. Attending
						Address	114 Simpson St. Local Board of Health Chesapeake
	Accident or Suicide?	No					



Name in Full <b>Harvey Brown</b>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died <b>near Durbin Arms Co.</b>		Town <b>D. A. Co.</b>		County <b>MD.</b>
	Date of death <b>1908</b>		Month <b>Feb</b>	Day <b>28</b>	Age <b>21</b>
	Sex <b>Male</b>		Color or Race <b>Black</b>		Birth-place <b>Ind.</b>
	Occupation <b>Invalid</b>		Where Residing if not at place of death <b>—</b>		
	Married, Single or Widowed <b>No</b>		Name of Wife or Husband <b>No</b>		
	Father's Name <b>Edward Brown</b>		Father's Birthplace <b>Caroline Co.</b>		
	Mother's Maiden Name <b>Ellen Sebern</b>		Mother's Birthplace <b>Caroline Co.</b>		
Name of person giving information <b>Luther Young</b>		How related to deceased <b>None</b>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <b>Tuberculosis of hip joint</b>		How long <b>2 yrs.</b>		
	Immediate <b>Exhaustion</b>		How long <b>—</b>		
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>L. H. Brown</b>		
			Address <b>Thurston Ind.</b>		
	Accident or Suicide? <b>No</b>				

**32**



Name  
in  
Full

Brown

## CERTIFICATE OF DEATH

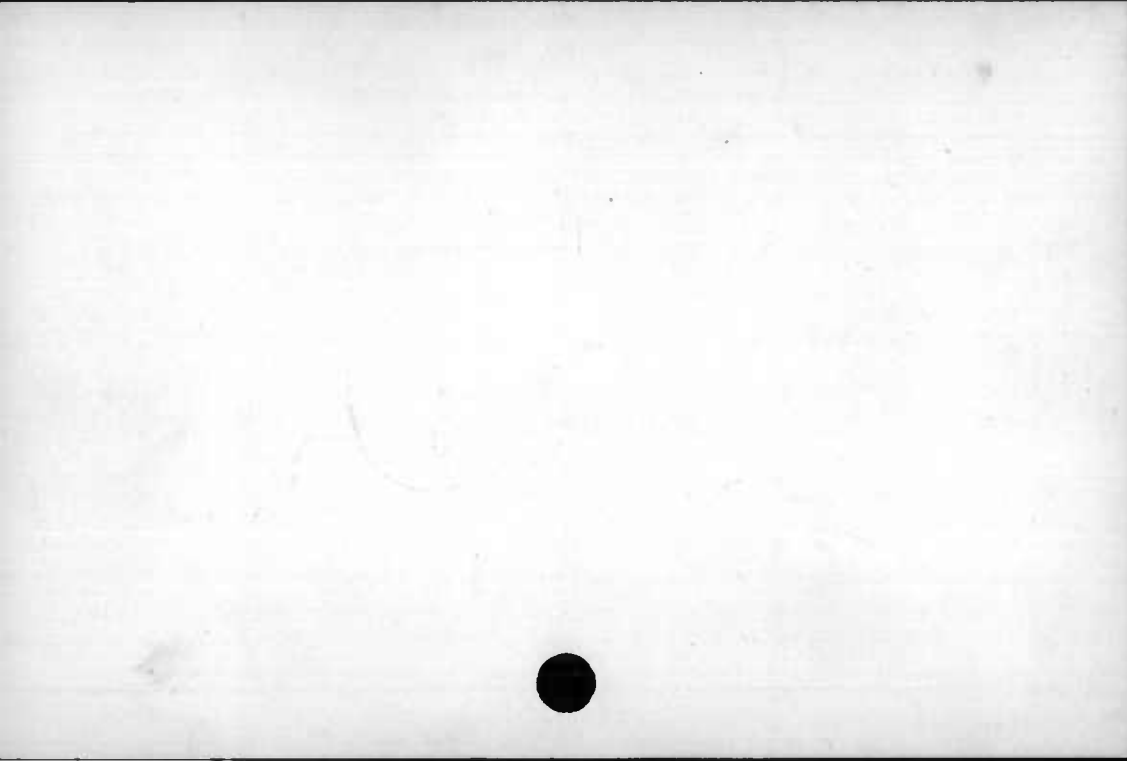
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wes Sudbrville</i> <sup>Town</sup>		<i>Lynn Anne</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>7</i>	Age <i>5 1/2</i> <sup>Years</sup> <i>com</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>red</i>		Birth-place <i>Ind</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Wm. M. Brown</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Bessie Lopez</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Wm. M. Brown</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still born, Information from Father</i>	How long
Immediate " "	How long
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>Wesley Sudbr</i>
	Address <i>Sudbrville</i>
	<i>Ind</i>
Accident or Suicide?	





Name  
in  
Full

Magic Brewer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Denterville</u> <small>Town</small>		<u>D.A.C.</u> <small>County</small>		MARYLAND	
Date of death 190 <u>8</u> <small>Month</small> <u>2</u> <small>Day</small> <u>17</u>		Age <u>—</u> <small>Years</small>		Months <u>3</u> <small>Days</small> <u>6</u>	
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Denterville</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>at Denterville</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Albert Brewer</u>		Father's Birthplace <u>Denterville</u>			
Mother's Maiden Name <u>Sadie Phillips</u>		Mother's Birthplace <u>GA</u>			
Name of person giving information <u>Ann Jacob</u>		How related to deceased <u>Grandmother</u>			

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary <u>Feeling cold</u>	How long <u>3 weeks</u>
Immediate <u>Phlegm in throat</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>none</u>
	Address <u>—</u>
Accident or Suicide? <u>none</u>	<u>John W. Warner Del. Region</u>



Name  
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Full

Charles W Butler

## CERTIFICATE OF DEATH

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NEAREST FRIEND

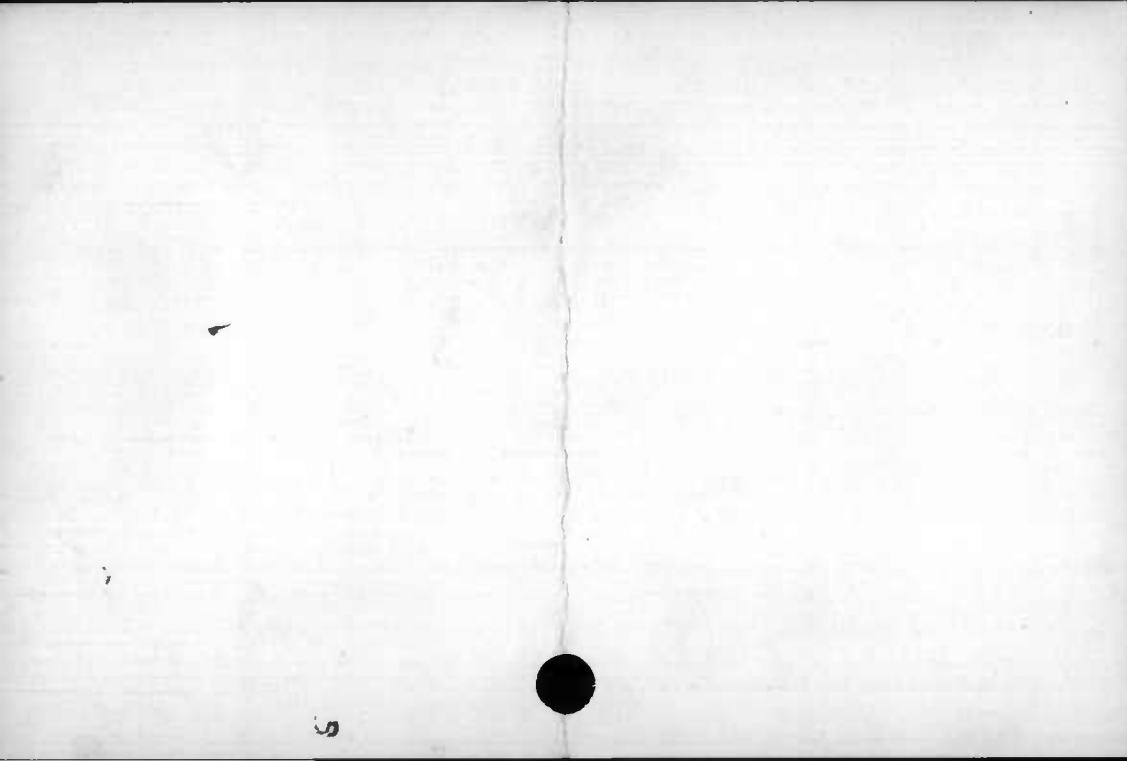
Died at <i>Wass</i> <sup>Town</sup> <i>Sudburyville</i> <sup>County</sup> <i>Furnace</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>10</i>	Age <i>59</i>
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Wd</i>
Occupation <i>Farmer</i>		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband <i>Laura H Butler</i>	
Father's Name <i>Moses Butler</i>		Father's Birthplace <i>Wd</i>	
Mother's Maiden Name <i>Stephens</i>		Mother's Birthplace <i>Wd</i>	
Name of person giving information <i>Laura H Butler</i>		How related to deceased <i>Wife</i>	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Wid. Suddenlly Heart</i>	How long	<i>Wid. Suddenlly</i>
Immediate	<i>Heart</i>	How long	<i>Full dead</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Poser Sudber</i>	
		Address <i>Sudburyville Wd</i>	
Accident or Suicide?			



Name  
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Full

Samuel Edward Butler

## CERTIFICATE OF DEATH

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NEAREST FRIEND

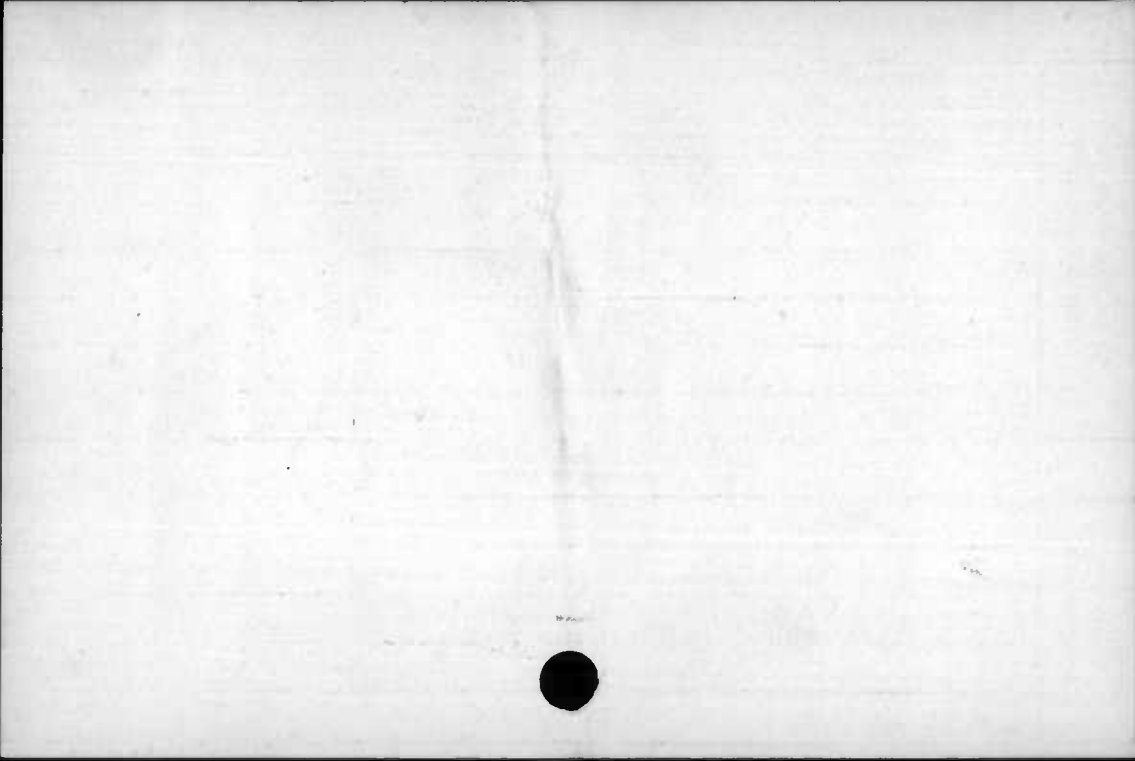
Died at <u>near Winchester</u> <sup>Town</sup>		<u>R. A.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	<u>Feb</u> <sup>Month</sup>	<u>29</u> <sup>Day</sup>	Age <u>73</u> <sup>Years</sup>	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Winchester, Md</u>		
Occupation <u>Piece work (tailor)</u>	Where Residing if not at place of death <u>11</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah A. Butler</u>				
Father's Name <u>James Butler</u>	Father's Birthplace <u>R. A. Co., Md.</u>				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>Don't know</u>				
Name of person giving information <u>John N. DeLoott</u>	How related to deceased <u>Stepson</u>				

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <u>Apoplexy</u>	How long <u>Two days</u>
Immediate <u>Cardiac failure</u>	How long <u>Two hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Rowland H. Ford</u>
<u>Intestine, Bypass, Church.</u>	Address <u>Queenstown, Md</u>
Accident or Suicide?	



Name in Full <b>William Lloyd Butler</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Greensboro</b> <small>Town</small>	<b>D.A. Co</b> <small>County</small>	<b>MARYLAND</b>
	Date of death <b>1908 Feb.</b> <small>Month</small>	<b>19th</b> <small>Day</small>	<b>5</b> <small>Months</small>
	<b>male</b> <small>Sex</small>	<b>white</b> <small>Color or Race</small>	<b>19</b> <small>Days</small>
	<b>Child</b> <small>Occupation</small>	<b>D.A. Co. Md.</b> <small>Birth-place</small>	
	<b>Where Residing if not at place of death</b>		
	<b>Married, Single or Widowed</b>		
PHYSICIAN OR CORONER	Name of Wife or Husband		
	Father's Name <b>Charles Wrightson Butler</b>	Father's Birthplace <b>D.A. Co. Md.</b>	
	Mother's Maiden Name <b>Mary Ford</b>	Mother's Birthplace <b>D.A. Co. Md.</b>	
	Name of person giving information <b>Mrs. Annie M. Ford</b>	How related to deceased <b>maternal grand-mother</b>	
	CAUSES OF DEATH		
PHYSICIAN OR CORONER	Primary <b>Pneumonia</b>	How long <b>Six days</b>	
	Immediate <b>Exhaustion (heart failure)</b>	How long <b>Two hours</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Roulana H. Ford</b>	
		Address <b>Greensboro, Md.</b>	
	Accident or Suicide?		





Name  
in  
Full

No Name

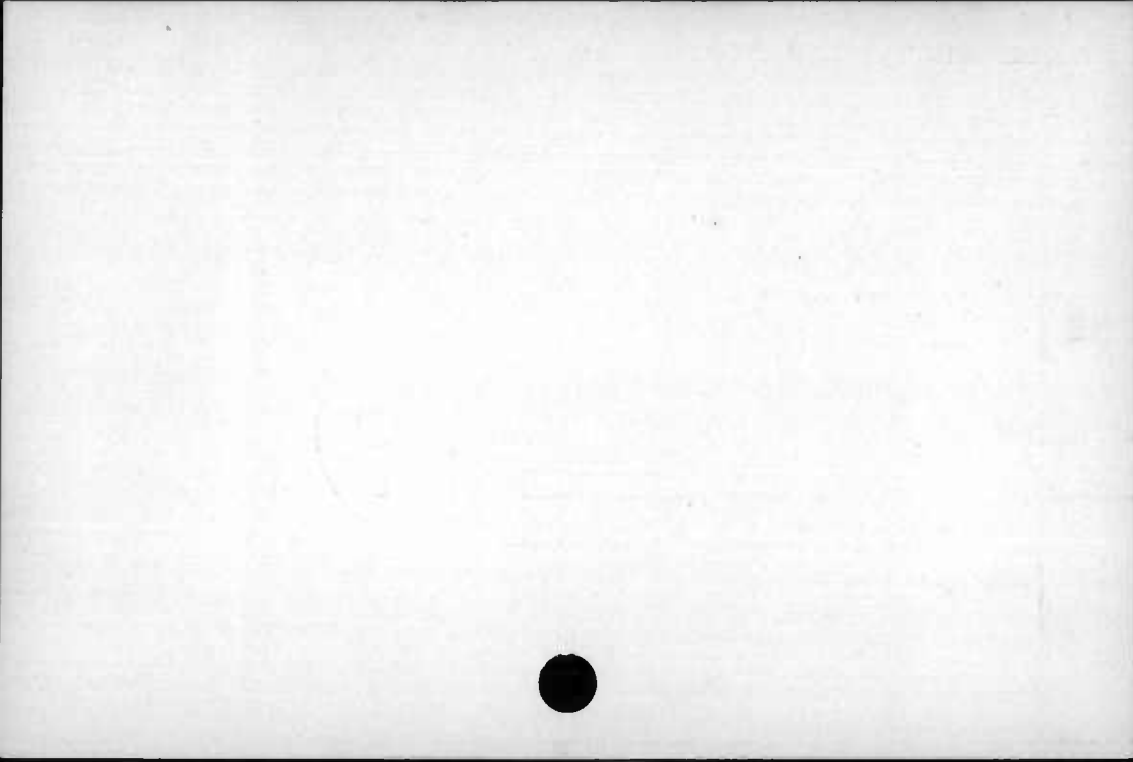
Carter

## CERTIFICATE OF DEATH

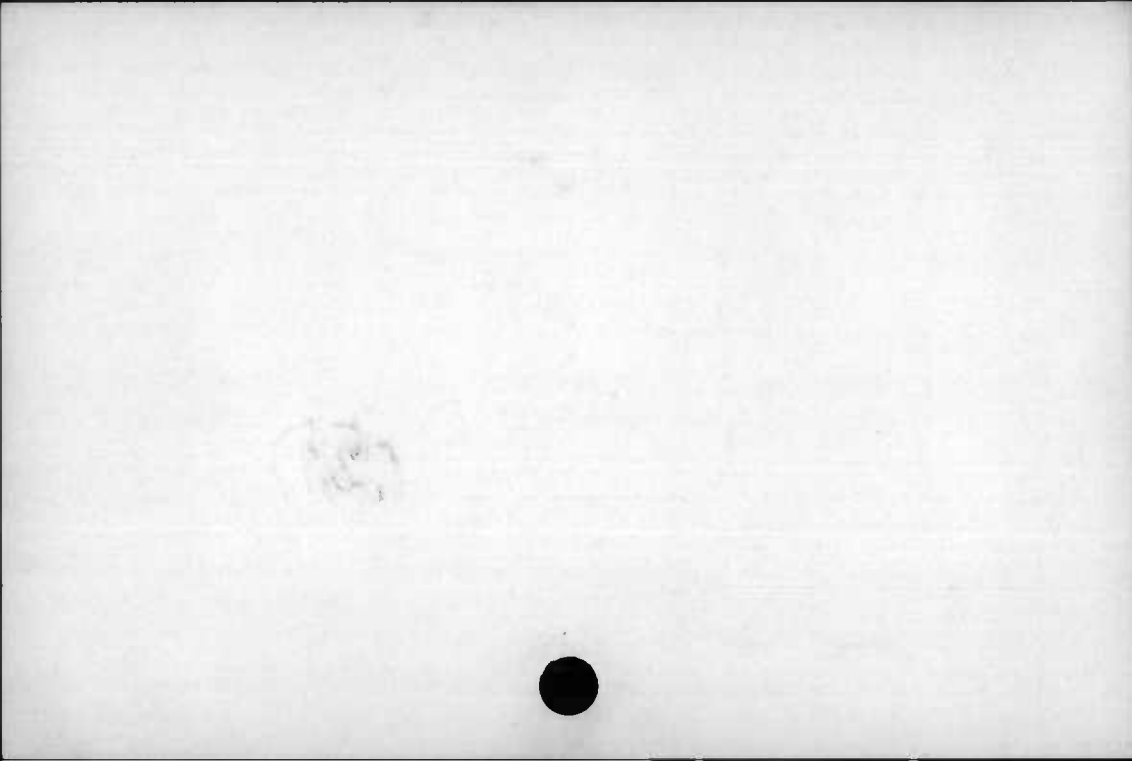
Died at <u>Stevensville</u> <sup>Town</sup>		<u>Queen Anne's</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>28</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>I. C. C.</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>W. W. Carter</u>			Father's Birthplace <u>I. C. C.</u>		
Mother's Maiden Name <u>Hannah Elsie Stevens</u>			Mother's Birthplace <u>I. C. C.</u>		
Name of person giving information <u>W. W. Carter</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Still Born</u>	How long <u>—</u>
	Immediate		How long <u>—</u>
	Are the name, age, sex, color, date and place correctly given above? <u>—</u>		Signature of Physician <u>L. P. Kemp for wife</u>
			Address <u>Stevensville</u>
Accident or Suicide? <u>—</u>		<u>True</u>	



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Stevensville</u> <small>Town</small>		<u>Sumner</u> <small>County</small>		MARYLAND	
		Date of death <u>1908</u> <small>Month</small> <u>Feb</u> <small>Day</small> <u>7</u> <small>Years</small> <u>47</u> <small>Months</small> <u>2</u> <small>Days</small>		Age <u>47</u>			
		Sex <u>male</u>		Color or Race <u>colored</u>		Birth-place <u>Kent D.</u>	
		Occupation <u>Cyeterman</u>		Where residing if not at place of death <u>Kent D.</u>			
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Fordy Denny</u>			
		Father's Name <u>Henry Clayton</u>		Father's Birthplace <u>Kent D.</u>			
		Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>" "</u>			
		Name of person giving information <u>Perry Robinson</u>		How related to deceased <u>None</u>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>							
PHYSICIAN OR CORONER		Primary <u>Tuberculosis</u>		How long <u>4 mos</u>			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. Chas. E. Snyder</u>			
		<u>as I knew -</u>		Address <u>Stevensville Md</u>			
H		Accident or Suicide?					



Name  
in  
Full

Oakland Collier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

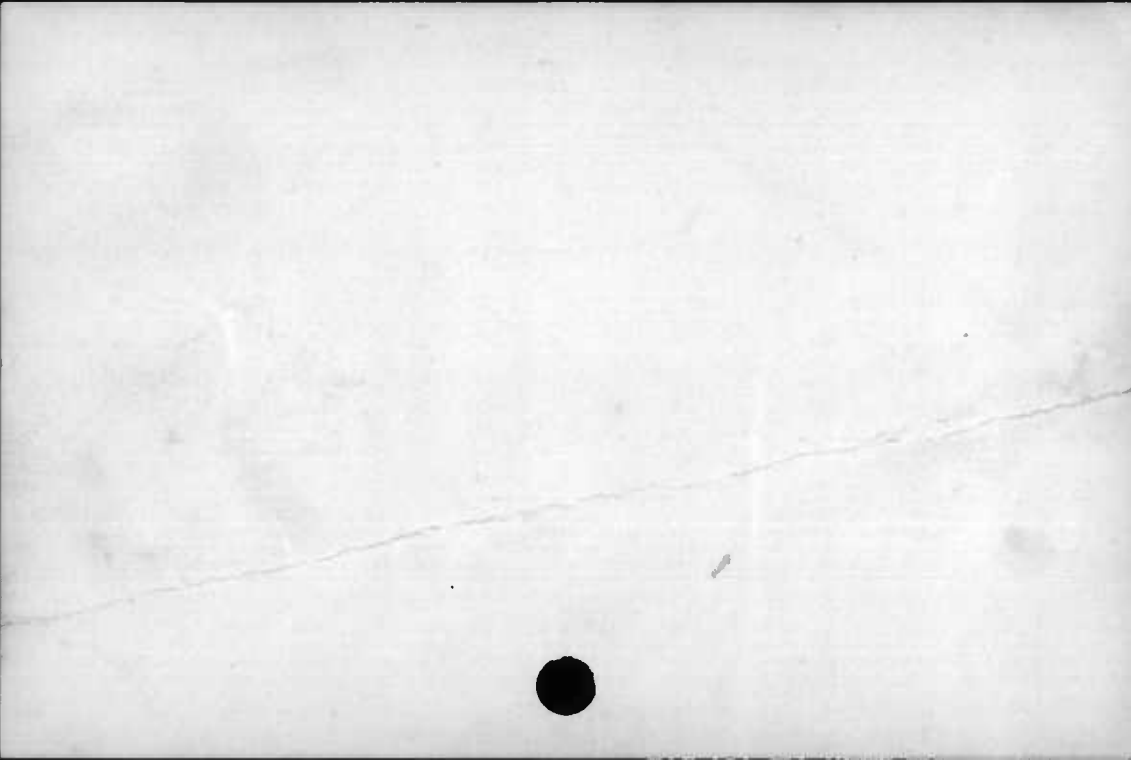
Died at <u>Quinstown</u> <small>Town</small>		<u>Quinn</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>Feb.</u> <small>Month</small>	<u>18</u> <small>Day</small>	Age <u>      </u> <small>Years</small>	<u>11</u> <small>Months</small>	<u>21</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Child</u>		Where Residing if not at place of death <u>Winchester</u>			
Married, Single or <del>Widowed</del>		Name of Wife or Husband <u>Child</u>			
Father's Name <u>Harry Collier</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Gertrude Holden</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Byron Holden</u>		How related to deceased <u>Nephew</u>			

CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary <u>Spasmodic Croup</u>	How long <u>1 day</u>
Immediate <u>Heart Failure</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. W. Stack</u>
	Address <u>Wife Mills.</u>
Accident or Suicide?	



in Full

Isabel Gibbs

CERTIFICATE OF DEATH

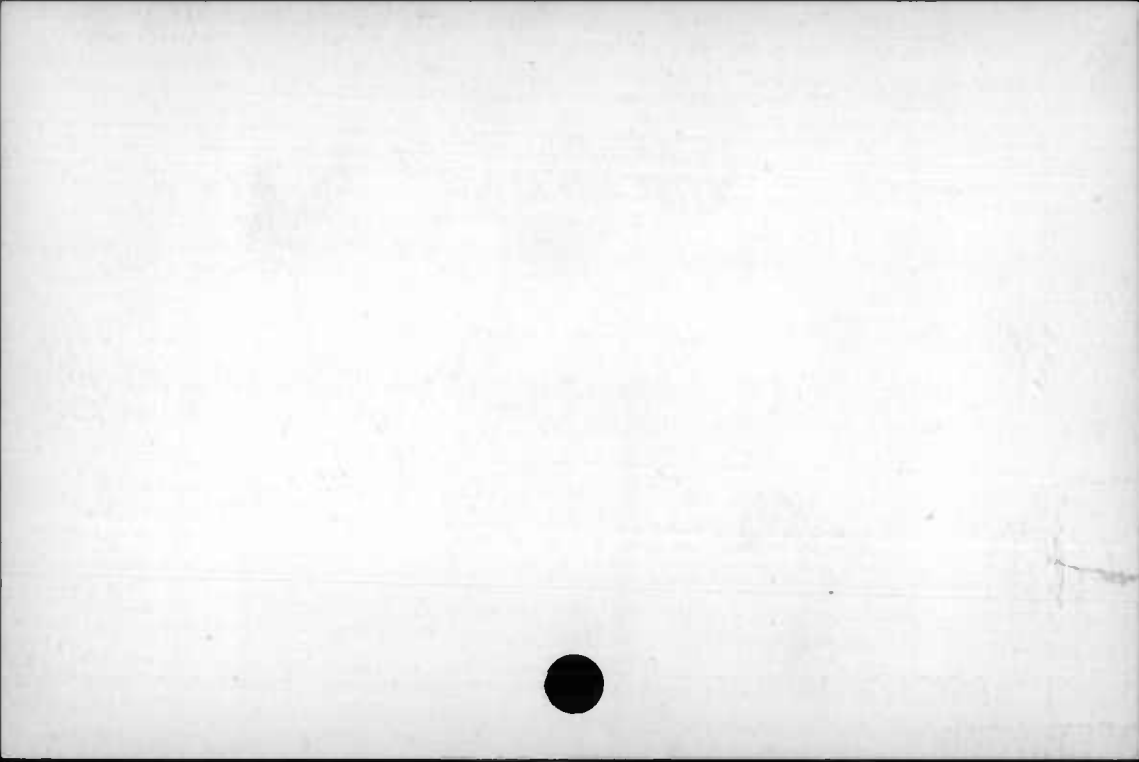
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Centreville</u> <sup>Town</sup>		<u>Queen Anne</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>1st</u>	Age <u>one</u>	Months <u>1</u>	Days <u>13</u>
Sex <u>Female</u>		Color or Race <u>Negro</u>		Birth-place <u>Spanish Neck</u>	
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>John Gibbs</u>		Father's Birthplace <u>Queen Anne's</u>			
Mother's Maiden Name <u>Henry Barnard</u>		Mother's Birthplace <u>Queen Anne's</u>			
Name of person giving information <u>Henry Barnard</u>		How related to deceased <u>2</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Nothing</u>	How long	<u>71</u>
Immediate	<u>convulsions</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <u>John W. Harmon</u> <u>Coroner</u>	
Accident or Suicide? <u>X</u>			





Name  
in  
Full

Annie Green

## CERTIFICATE OF DEATH

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NEAREST FRIEND

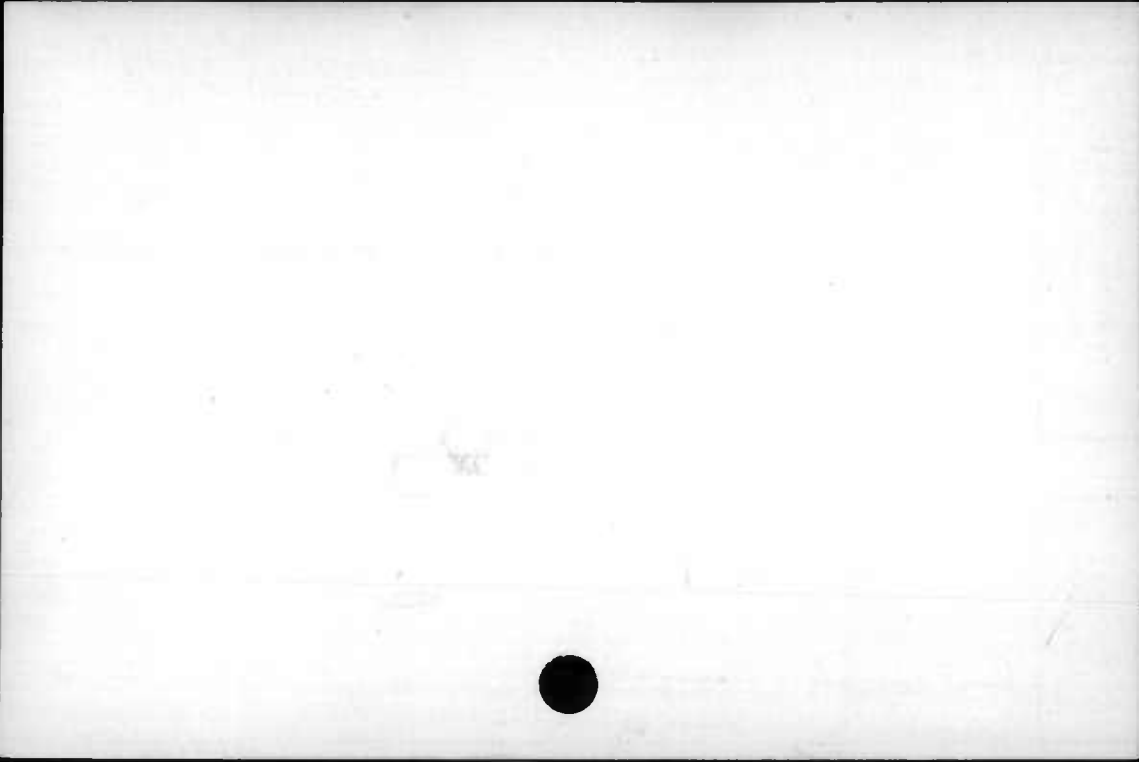
Died at <i>near</i> <sup>Town</sup> <i>Summerville</i> <sup>County</sup> <i>2 a</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>27</i>	Age <i>21</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>2 a Co</i>	
Occupation <i>Cook</i>	Where Residing if not at place of death <i>near Summerville</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Rose Green</i>	Mother's Birthplace <i>A Co</i>		
Name of person giving information <i>L. B. Milson</i>	How related to deceased _____		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia (tubercular)</i>	How long <i>Three months</i>
Immediate <i>Exhaustion</i>	How long <i>Seven days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rowland H. Ford</i>
	Address <i>Queenstown, Md</i>
Accident or Suicide? _____	



Name  
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Herman Handy

## CERTIFICATE OF DEATH

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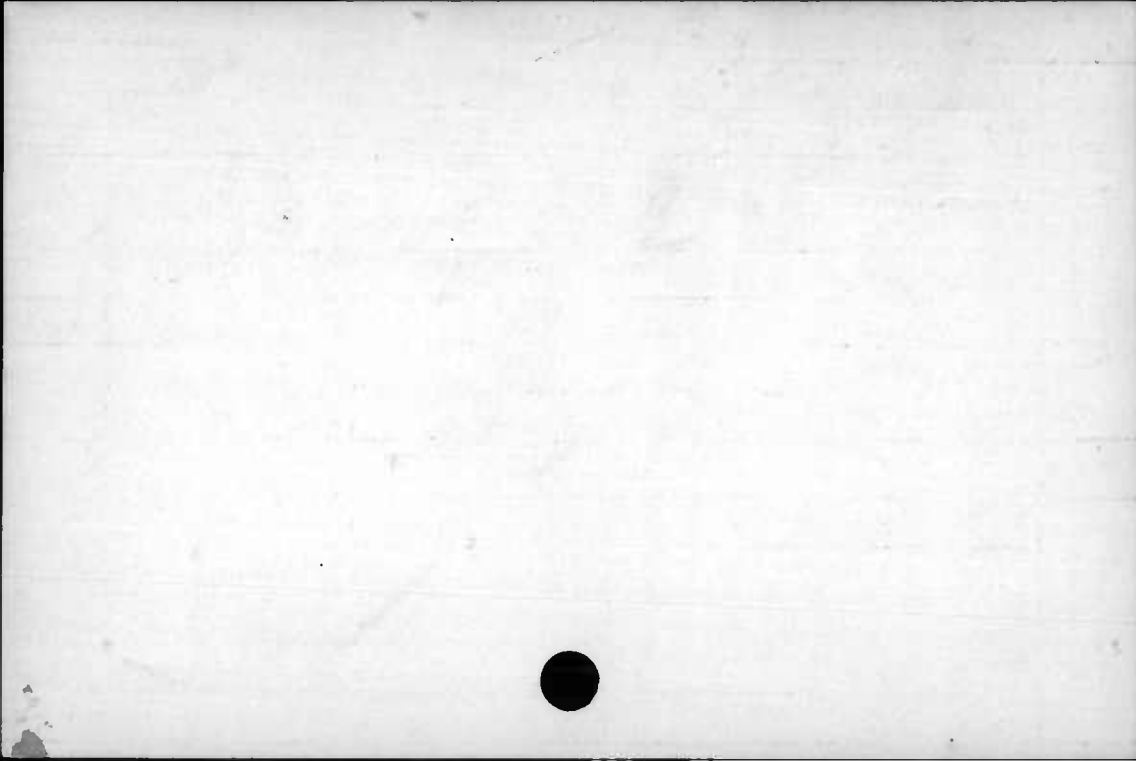
Died at <u>Queen Anne Co.</u> <sup>Town</sup> <u>Queen Anne</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup> <u>July</u> <sup>Day</sup> <u>23</u> <sup>Years</sup> <u>—</u>	<sup>Months</sup> <u>9</u> <sup>Days</sup> <u>—</u>		
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Q. A. Co., Md.</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Herman Handy</u>	Father's Birthplace <u>Q. A. Co., Md.</u>		
Mother's Maiden Name <u>Priscilla Little</u>	Mother's Birthplace <u>Q. A. Co., Md.</u>		
Name of person giving information <u>Herman Handy</u>	How related to deceased <u>Father</u>		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Heart disease</u>	How long <u>Don't know</u>
Immediate <u>Heart failure</u>	How long <u>One hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Rowland H. Ford</u>
<u>Intermittent Pump</u>	Address <u>Queenstown, Md.</u>
Accident or Suicide? <u>No</u>	



Name  
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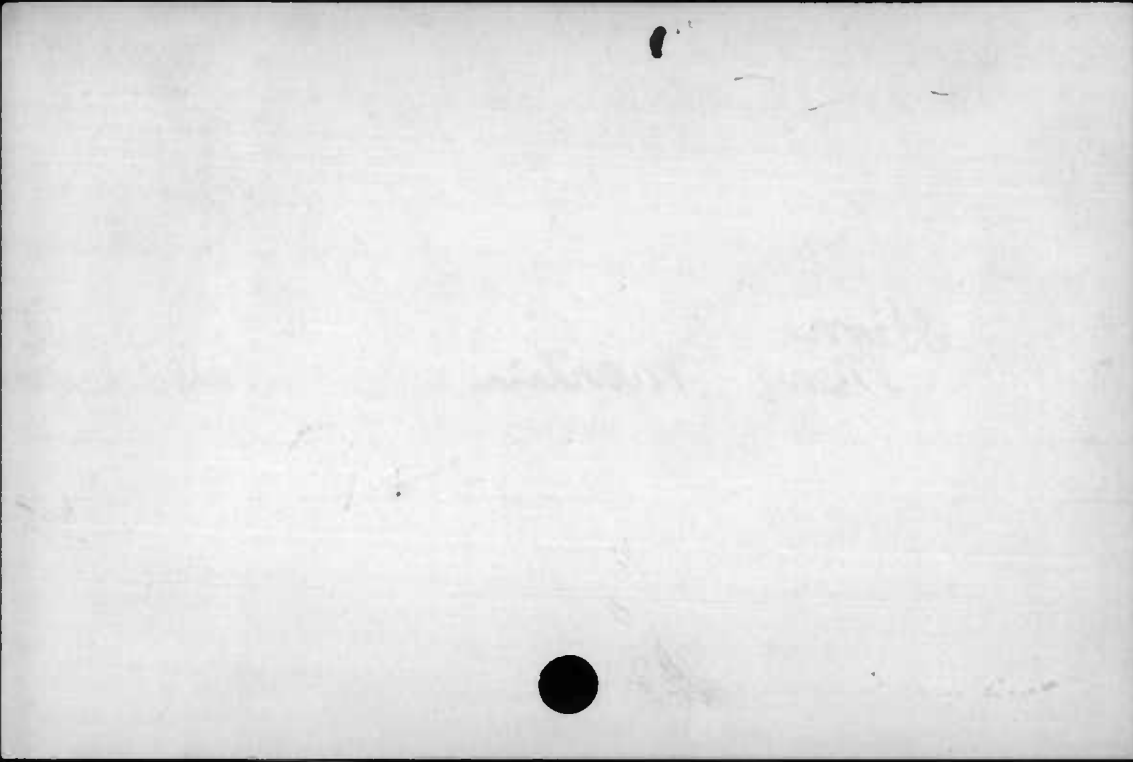
Name in Full <i>James M Harrington</i>		Town <i>Near Pooie Sta Md</i>		County <i>2 a eo</i>		MARYLAND	
Date of death <i>1908 Feb 18</i>		Month <i>Feb</i>		Day <i>18</i>		Age <i>82</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Caroline Co Md</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Charlotte Brown</i>					
Father's Name <i>William Harrington</i>		Father's Birthplace <i>Caroline Co</i>					
Mother's Maiden Name <i>Mary Clements</i>		Mother's Birthplace <i>1 c 4</i>					
Name of person giving information <i>Hannah Murphy</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>La grippe &amp; old age</i>		How long <i>15 days</i>	
Immediate <i>Asthma</i>		How long <i>6 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. L. Coaffage</i>	
		Address <i>Church Hill Ind</i>	
Accident or Suicide <i>—</i>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Dayill Harris*

Town *Stevanoville* County *L. 9.* MARYLAND

Died at *Stevanoville* *L. 9.*

Date of death *1908 Feb 27* Age *5-8* Months Days

Sex *male* Color or Race *Colored* Birth-place *Kent &*

Occupation *fisherman* Where Residing if not at place of death *" "*

Married, Single or Widowed *married* Name of Wife or Husband *Hester Harris*

Father's Name *Hensley Harris* Father's Birthplace *Kent Island*

Mother's Maiden Name *Mary Martin* Mother's Birthplace *Kent Island*

Name of person giving information *William Hoxey* How related to deceased *son-in-law*

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Heart Disease* How long *Several years*

Immediate *Dropsy & exhaustion* How long *3 or 4 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. Hoxey* Address *Stevanoville*

Accident or Suicide? *No*





Name  
in  
FullMahala Hell dorfer ~~Hare~~

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

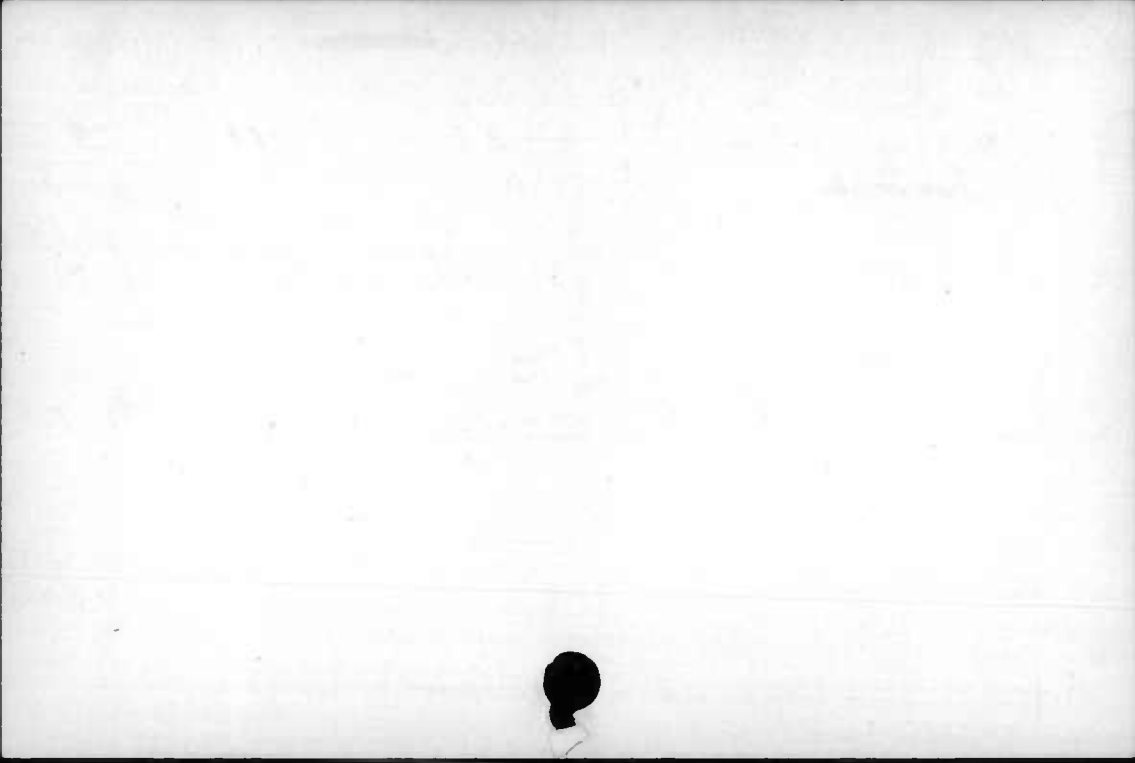
Died at <i>Centerville</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>29</i>	Age <i>30</i>	Years <i>11</i>	Months <i>0</i>
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Washington D.C.</i>			
Occupation <i>Dance Work</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Sebastian Hell dorfer</i>				
Father's Name <i>John H. Hare</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Mary Ann Blum</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>C. Hare</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

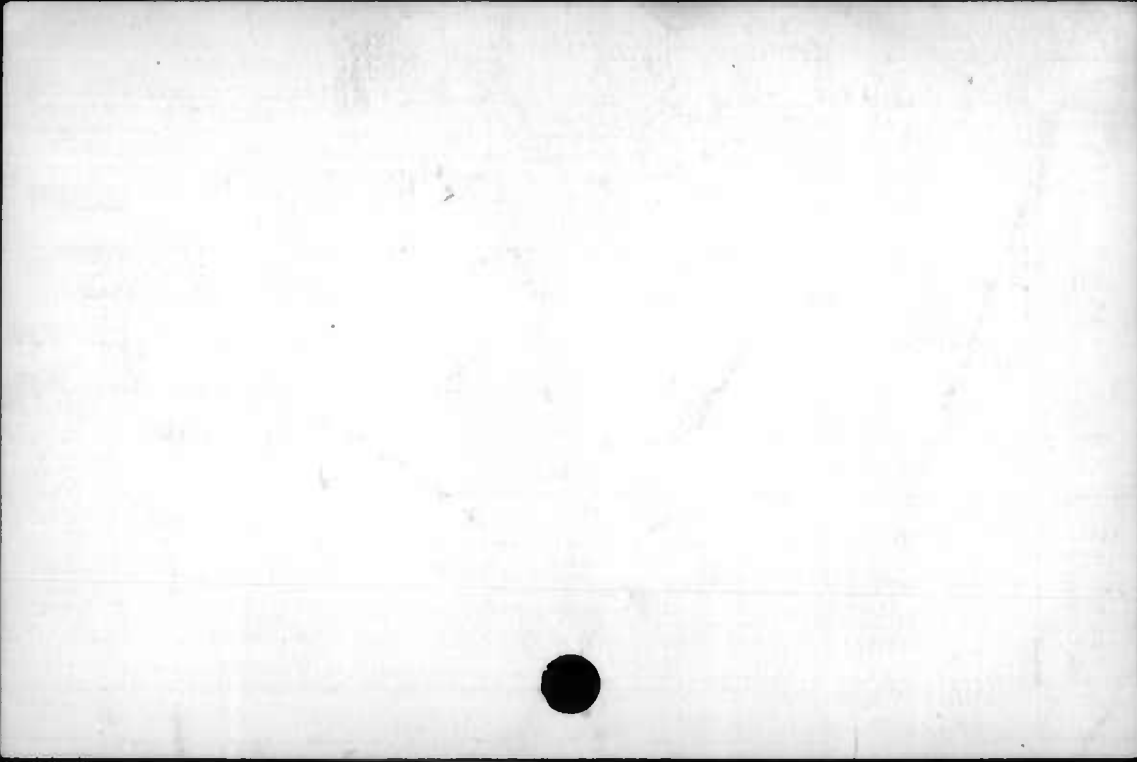
27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>4 or 5 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. J. H. Hare</i>
	Address <i>Centerville Maryland</i>
Accident or Suicide? <i>no</i>	



Name in Full		Certificate of Death			
Jacob		Shiner			
Died at		Kent Island		D. A. Co.	
Date of death		1908	Month 2	Day 28	Age 76 (about)
Sex		Male	Color or Race	Colored	Birth-place
Occupation		Farm hand		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Arrian		Father's Birthplace	
Mother's Maiden Name		Peggy Arrian		Mother's Birthplace	
Name of person giving information		Arthur Roberts		How related to deceased	
		CAUSES OF DEATH		95	
Primary		Pulmonary congestion		How long 3 days.	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
		J. E. Hyde		Stennisville	
Accident or Suicide?					



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Name in Full <i>Anna Eliza Hollingsworth</i>		Town <i>Queen Anne's</i>		County <i>Queen Anne's</i>		STATE <i>MARYLAND</i>	
Died <i>Ben Barclay</i>		Date of death <i>1908 Feb.</i>		Age <i>82</i>		Months <i>2</i> Days <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co. Md.</i>			
Occupation <i>Lady</i>		Where Residing if not at place of death <i>at place of death</i>					
<del>Married, Single or Widowed</del> <i>Widow</i>		Name of Wife or Husband <i>Calvin Hollingsworth</i>					
Father's Name <i>Saml. Hephron</i>		Father's Birthplace <i>Kent Co. Md.</i>					
Mother's Maiden Name <i>Anna Deroychbrune</i>		Mother's Birthplace <i>Queenstown, Md.</i>					
Name of person giving information <i>Rev. S. S. Hephron</i>		How related to deceased <i>Cousin</i>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="float: right; border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold;">93</div>							
Primary <i>Pneumonia</i>		How long <i>10 days.</i>					
Immediate <i>Asthenia</i>		How long <i>3 days.</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. G. Leppage</i>		Address <i>Church Hill</i>			
<del>Accident or Suicide?</del>							

At Home

Name  
in  
Full

Emaline Jewel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

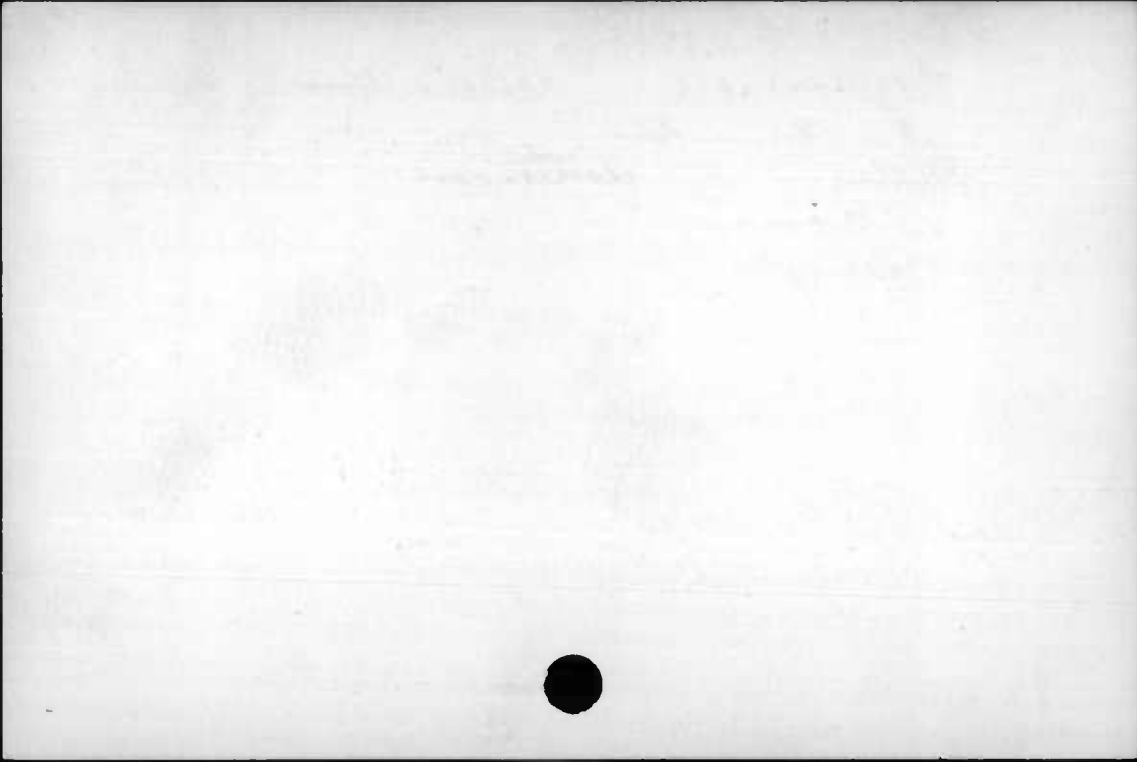
Died at <i>Near Centerville</i>		Town <i>Sumner</i>		County <i>Anne</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>9</i>	Age <i>80</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent-Co. Del</i>				
Occupation			Where Residing if not at place of death <i>Ridgely Md</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Geo. W. Jewel</i>					
Father's Name <i>Ford</i>			Father's Birthplace <i>Del</i>				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information <i>Fred Stewart</i>			How related to deceased <i>Son in law</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>4 or 5 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. D. Travis M.D.</i>
	Address <i>Centerville Md.</i>
Accident or Suicide?	





Name  
in  
Full

George Lasner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Salem</u> <small>Town</small>		<u>2nd County</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Year</small>		<u>Feb</u> <small>Month</small>	<u>19</u> <small>Day</small>	<u>85</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex <u>Male</u>		Color or Race <u>White</u>		Birthplace <u>Germany</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Carla M. Lasner</u>			
Father's Name <u>Matthew Lasner</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving information <u>Joe Shamber</u>		How related to deceased <u>—</u>			

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<u>Senile Pneumonia</u>	How long	<u>1 WK</u>
Immediate	<u>Exhaustion</u>	How long	<u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>D. S. Dudley MD</u>	
		Address <u>Chorley Hill</u>	
		<u>Morflow</u>	
Accident or Suicide?			
<u>No</u>			



Name in Full <b>Charles Matthews</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Char. town Centerville</b> <b>D.A.</b> County		MARYLAND
	Date of death <b>1908</b>	Month <b>2</b>	Day <b>1</b> Years <b>2</b> Months <b>2</b> Days <b>9</b>
	Sex <b>Male</b>	Color or Race <b>Black</b>	Birth-place <b>D.A. Co.</b>
	Occupation <b>None</b>	Where Residing if not at place of death <b>Char. town</b>	
	Married, Single or Widowed <b>Single</b>	Name of Wife or Husband	
	Father's Name <b>Charles Matthews</b>	Father's Birthplace <b>Del.</b>	
	Mother's Maiden Name <b>Mary Maker</b>	Mother's Birthplace <b>Del.</b>	
Name of person giving information <b>Charles Matthews</b>	How related to deceased <b>Matr</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER <b>H</b>	Primary <b>Effect of Cold</b>		How long <b>3 days</b>
	Immediate <b>do not know died suddenly at night</b>		How long
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>none</b>
	Address <b>John Warman Sec Register</b>		
Accident or Suicide? <b>neither</b>			



Name  
in  
Full

Leillian Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

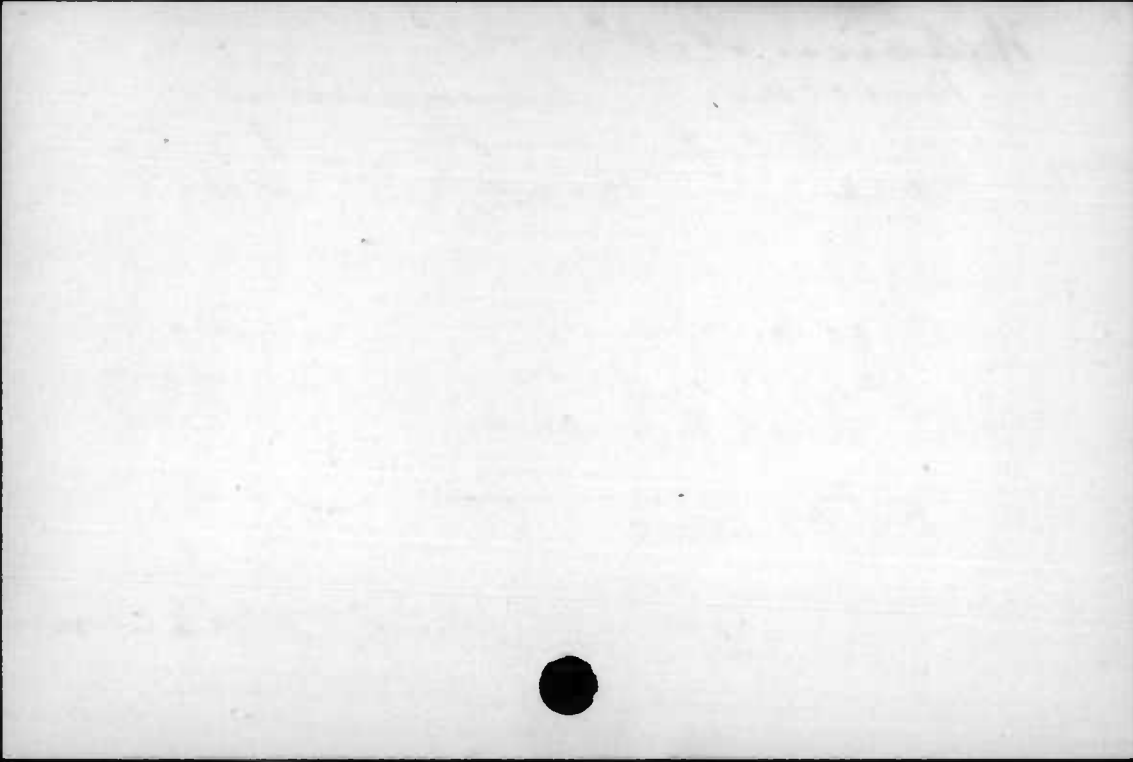
Died at <i>Wye Mills</i> <small>Town</small>		<i>Linn</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>Feb.</i> <small>Month</small>	<i>23</i> <small>Day</small>	<i>1</i> <small>Years</small>	<i>12</i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Child</i>		Where Residing if not at place of death <i>Wye Mills</i>		
Married, Single or Widowed	<i>Child</i>		Name of Wife or Husband <i>Child</i>		
Father's Name	<i>Benj. H. Morris</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Lee Marvell</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Benj. H. Morris</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>3 weeks</i>
Immediate	<i>Cerebral Meningitis, General Paralysis</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. W. Stack M.D.</i>
		Address	<i>Wye Mills, Md.</i>
Accident or Suicide?	<i>—</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

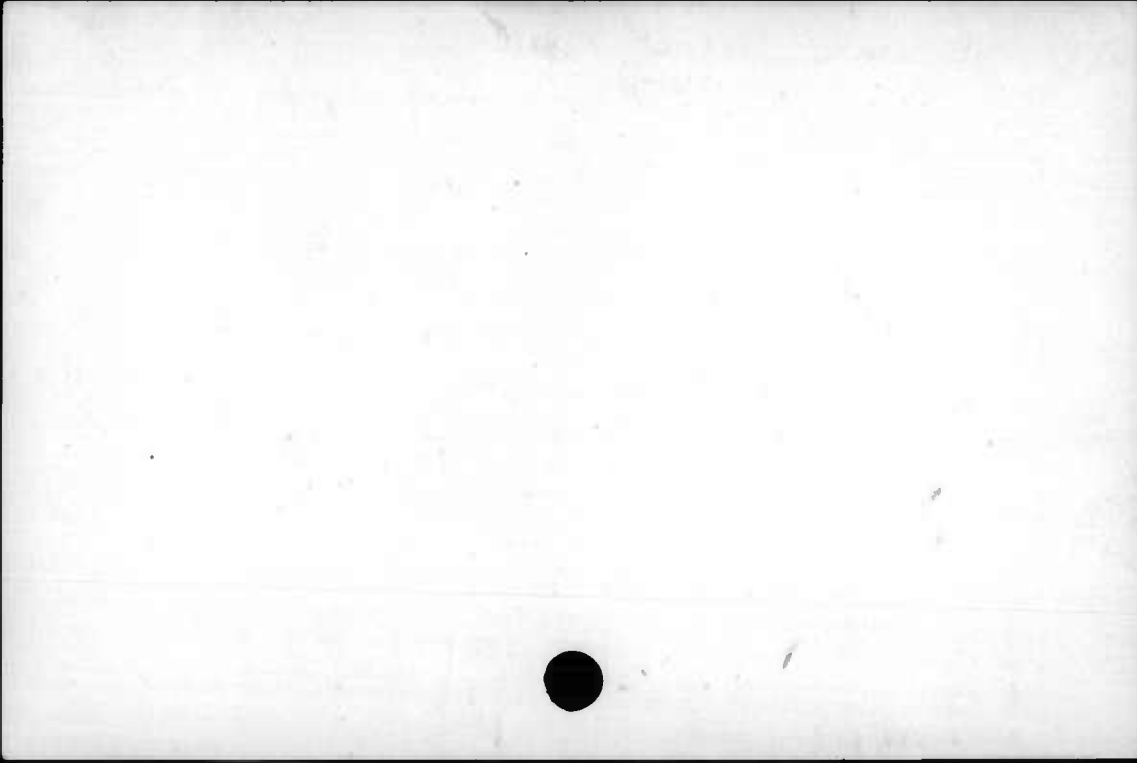
Name in Full <i>William H. Myers</i>		Town <i>Barclay</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Barclay</i>		Month <i>2</i>		Day <i>9</i>		Years <i>1</i>	
Date of death <i>1908</i>		Month <i>2</i>		Day <i>9</i>		Months <i>9</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		Days <i>-</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Silas E. Myers</i>		Father's Birthplace <i>Ind -</i>					
Mother's Maiden Name <i>Sarah E. Warner</i>		Mother's Birthplace <i>Ind -</i>					
Name of person giving information <i>Silas E. Myers</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Phthisis</i>	How long <i>one year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. P. Smith, Phys to Coroner</i>
	Address <i>S. C. Faulkner Acting Coroner</i>
Accident or Suicide?	





Name  
in  
Full

Susanannah Kemmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

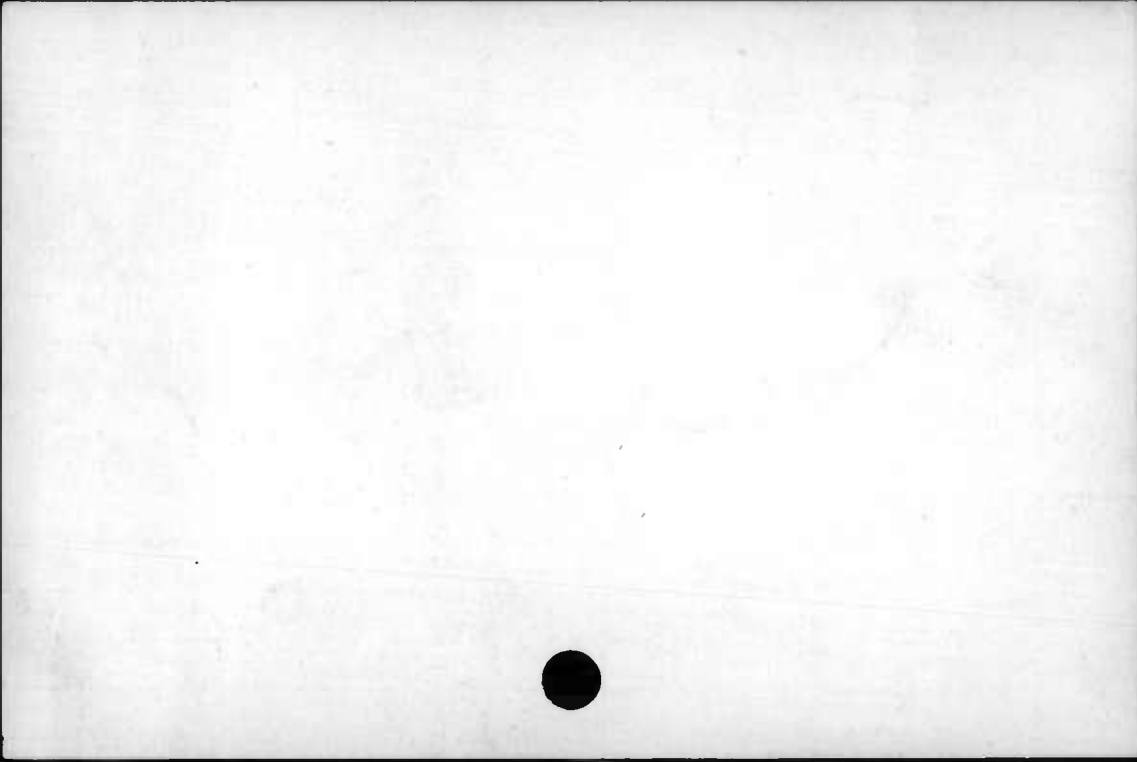
Died at <i>Centreville</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>19</i>	Age <i>63</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White-American</i>		Birth-place <i>2 A. Co. Md.</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Stillspore Md</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Joseph C. Kemmer</i>				
Father's Name <i>Jeremiah Godwin</i>	Father's Birthplace <i>2 A. Co Md</i>				
Mother's Maiden Name <i>Susan A. Hoxter</i>	Mother's Birthplace <i>2 A. Co. Md</i>				
Name of person giving information <i>J. Wesley Bordley</i>	How related to deceased <i>son in law</i>				

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Valvular disease of the heart</i>	How long <i>2 years.</i>
Immediate	<i>Myocarditis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>E. F. Smith</i>
		Address <i>Centreville Md.</i>
Accident or Suicide?		



Name  
in  
Full

Alfred Rochester

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

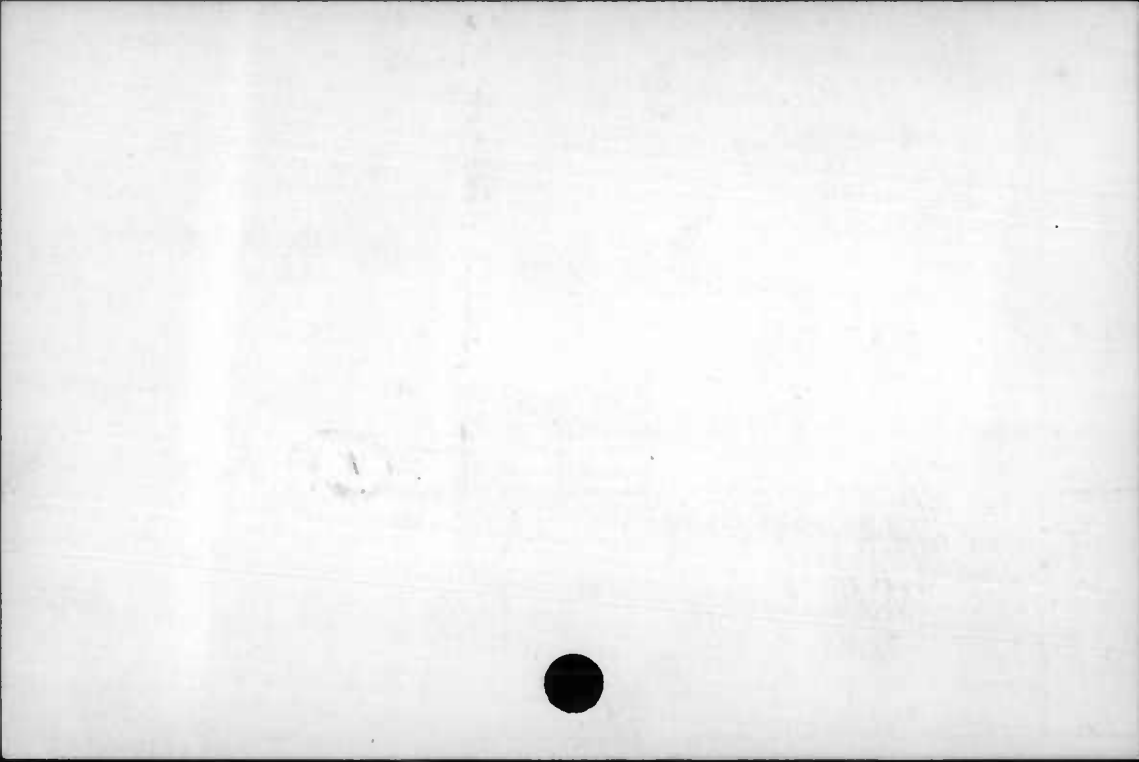
Died at <i>Ingheside</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death	1908	Month <i>February</i>	Day <i>29</i>	Age	Years
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>near Ingheside</i>	
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Alfred Rochester</i>		Father's Birthplace <i>near Lilghmead</i>			
Mother's Maiden Name <i>Addie Buff</i>		Mother's Birthplace <i>near Prices</i>			
Name of person giving information <i>Alfred Rochester</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

121

PHYSICIAN  
OR CORONER

Primary <i>Hematuria</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>S. B. Dudley</i>
	Address <i>Church Hill</i>
	<i>Queen Anne's County Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

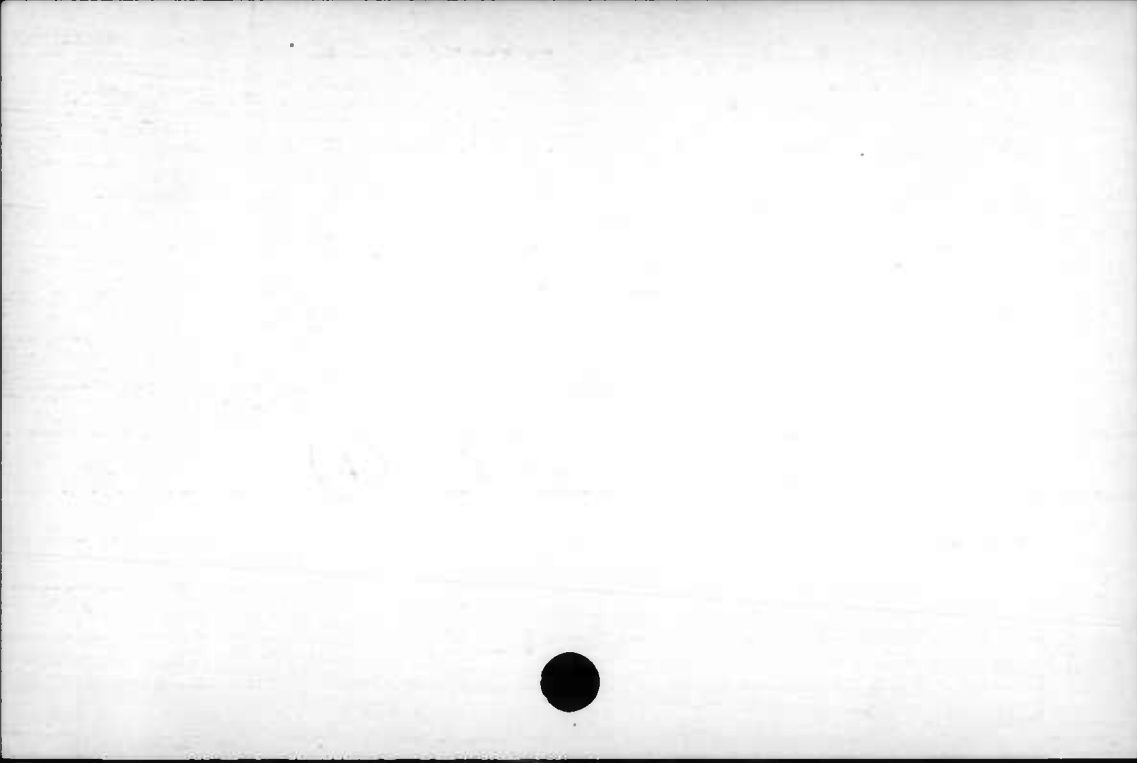
MARYLAND

Died at <i>Grope</i> <sup>Town</sup>		<i>Sampson</i> <sup>County</sup>			
Date of death	<i>1908</i>	<i>Feb</i> <sup>Month</sup>	<i>27th</i> <sup>Day</sup>	Age <i>40</i> <sup>Years</sup>	<i>0</i> <sup>Months</sup>
Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>Caroline Co</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Thomas Munson</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Perry Sampson</i>				
Father's Name <i>not known</i>	Father's Birthplace <i>Caroline</i>				
Mother's Maiden Name <i>Friends</i>	Mother's Birthplace <i>Caroline</i>				
Name of person giving information <i>Thomas Munson</i>	How related to deceased <i>a friend</i>				

## CAUSES OF DEATH

Primary <i>Pneumonia + Typhoid</i>	How long <i>one month</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Laura E. Peeding M.D.</i>
	Address <i>Hayden Md.</i>
Accident or Suicide?	

PHYSICIAN  
OR CORONER



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Name  
in  
Full

CERTIFICATE OF DEATH

Adelaine Munn

Sanders.

Died at Chester <sup>Town</sup>

Green Anne <sup>County</sup> MARYLAND

Date of death 1908 <sup>Month</sup> July <sup>Day</sup> 11

Age 86 <sup>Years</sup>

2 <sup>Months</sup> 10 <sup>Days</sup>

Sex Female

Color or Race Blk -

Birth-place Kent Is.

Occupation Housewife

Where Residing if not at place of death " "

Married, Single or Widowed Widowed

Name of Wife or Husband Thomas Sanders

Father's Name Jesse Green

Father's Birthplace Green Anne Co.

Mother's Maiden Name Queen Johnson

Mother's Birthplace Kent Is.

Name of person giving information Robert R Munn

How related to deceased Son

CAUSES OF DEATH

10

Primary Influenza

How long 2 wks

Immediate Pulmonary Congestion

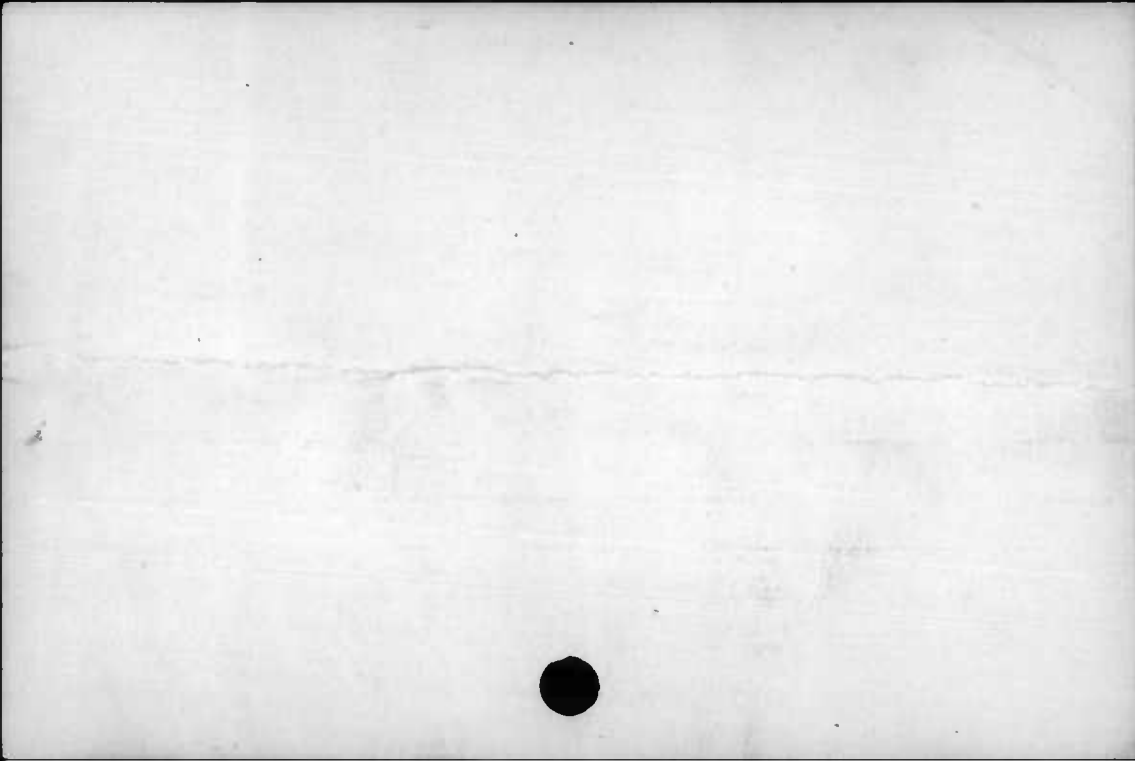
How long 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. Chas E. Snyder

Address Stevensville

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Crumpton</i>		Town <i>Crumpton</i>		County <i>Queen</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>7</i>	Age <i>70</i>	Years <i>70</i>	Months <i>—</i>	Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Chesterville Md</i>				
Occupation <i>Storekeeper</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Ella Schwatka</i>					
Father's Name <i>John Schwatka</i>			Father's Birthplace <i>Balto Md</i>				
Mother's Maiden Name <i>Mary Trainton</i>			Mother's Birthplace <i>Easton Md</i>				
Name of person giving information <i>Agnes H Robinson</i>			How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>10 Months</i>
Immediate <i>Heart Failure</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur E Landers M.D.</i>
	Address <i>Crumpton Md</i>
Accident or Suicide? <i>—</i>	

39

Name  
in  
Full

Mary Frances Scott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

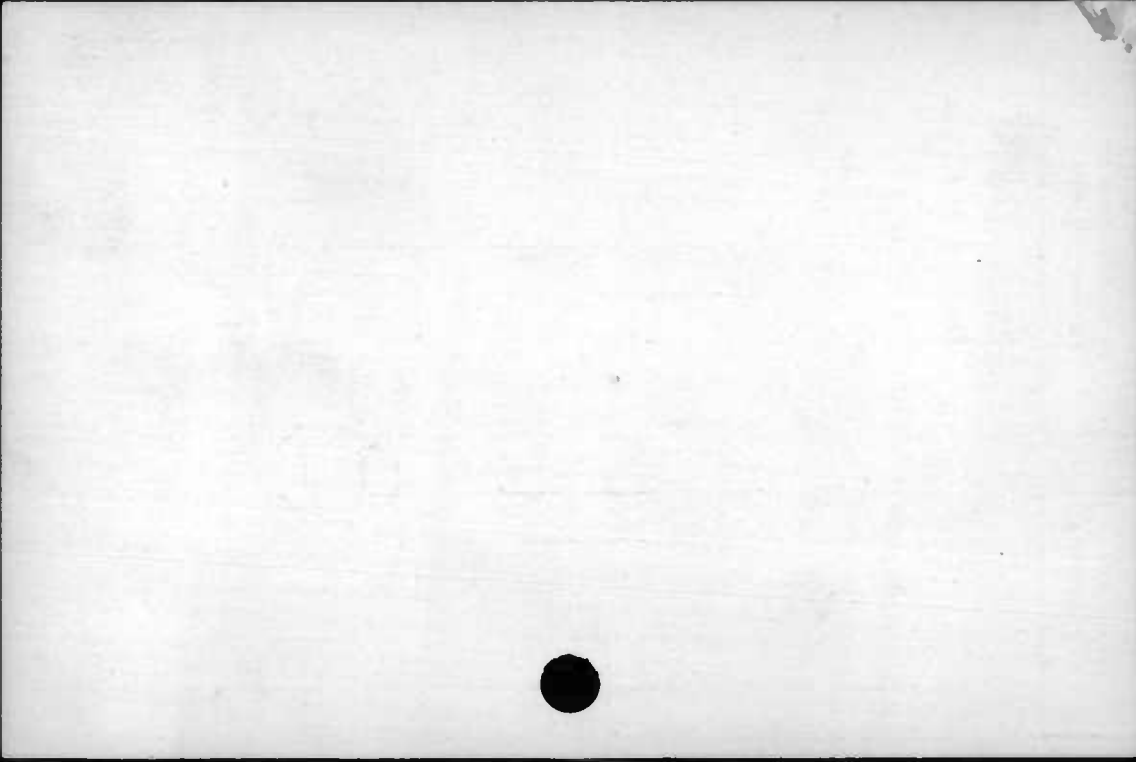
Died at <i>New Centreville</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>8</i>	Age <i>2</i>	Months <i>11</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Queen Anne Co</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Emmanuel Scott</i>			Father's Birthplace <i>Queen Anne Co</i>		
Mother's Maiden Name <i>Ada Hagler</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Emmanuel Scott</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary	<i>Result of Burns</i>	How long	<i>6 hours</i>
Immediate	<i>Exhaustion</i>	How long	_____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. F. Smith</i>	
		Address <i>Centreville</i>	
		<i>Md.</i>	
Accident or Suicide? _____			



Name  
in  
Full

Mrs Mary Jane Sumner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

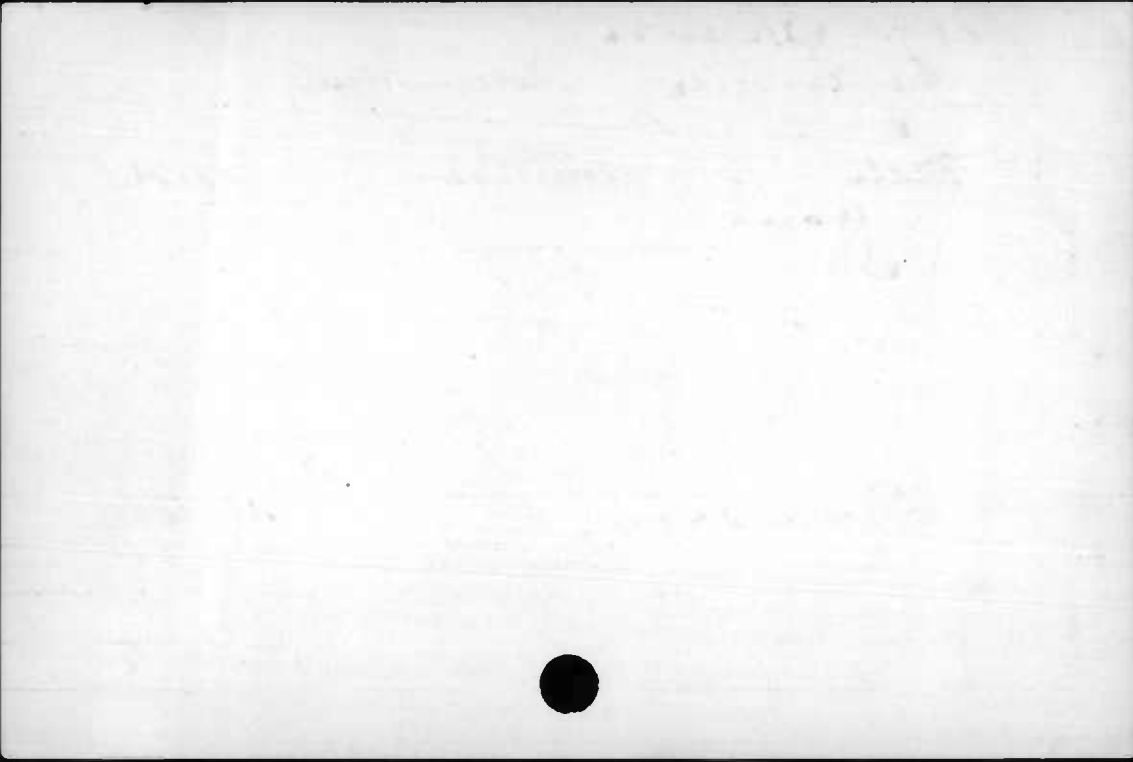
Died at <i>Bardonia</i> Town		<i>Fulton</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>18</i>	Age <i>63</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mo</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Mrs J Sumner</i>			
Father's Name <i>Anderson</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Mary Kemble</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Samuel J Sumner</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Chronic Stomach trouble</i>	How long <i>3 or 4 years</i>
Immediate <i>Exhaustion, debility</i>	How long <i>one year</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Walter S. Suter</i>
	Address <i>Sunderville, Mo</i>
Accident or Suicide?	



Name  
in  
Full

W. H. Shawn

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

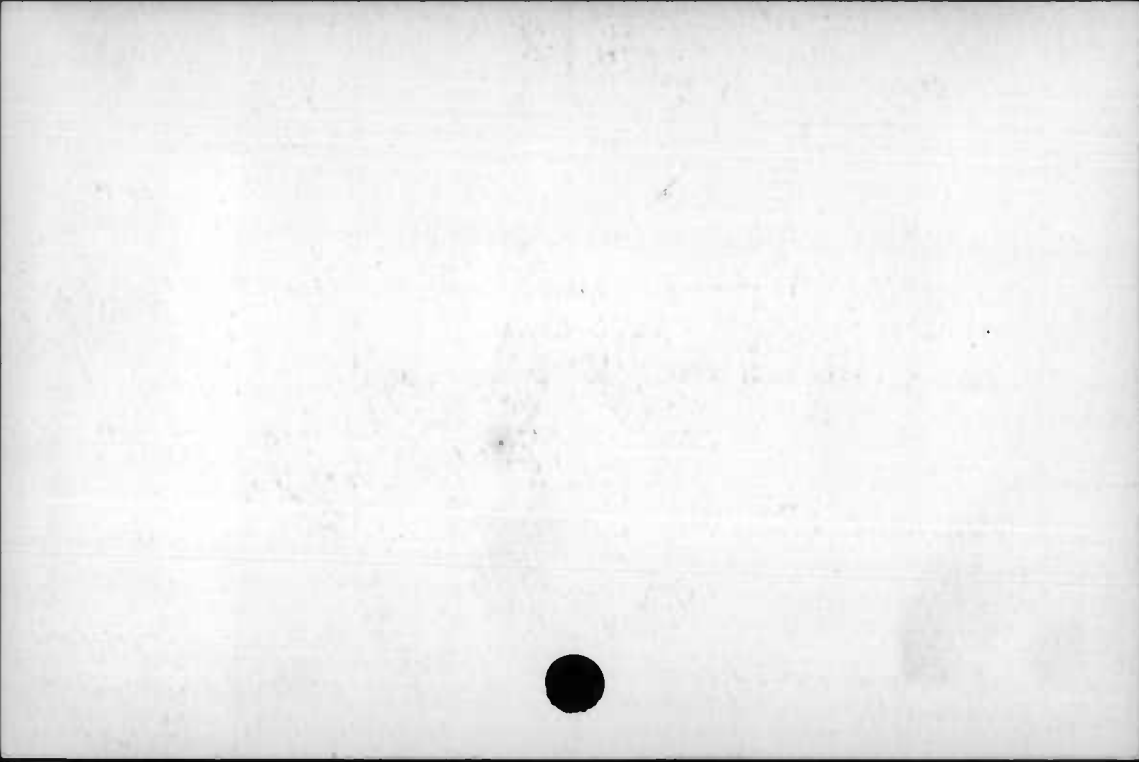
Died at <u>Bentonsville</u> <small>Town</small>		<u>Zelevan</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	Month <u>2</u>	Day <u>4</u>	Age <u>28</u>	Months <u>28</u> Days <u></u>
Sex <u>Male</u>	Color or Race <u>white American</u>		Birth-place <u>Ind</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>				
Father's Name <u>W. H. T. Shawn</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Martha A. Baxter</u>	Mother's Birthplace <u></u>				
Name of person giving information <u>Robt. W. Eddins</u>	How related to deceased <u>none</u>				

CAUSES OF DEATH

69

PHYSICIAN  
OR CORONER

Primary <u>Cerebral</u>	How long <u>all life</u>
Immediate <u>Cerebral Congestion</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. M. Eddins</u>
	Address <u>Bentonsville</u>
Accident or Suicide? <u>no</u>	<u>Ind</u>





Name  
in  
Full

Robt Short

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

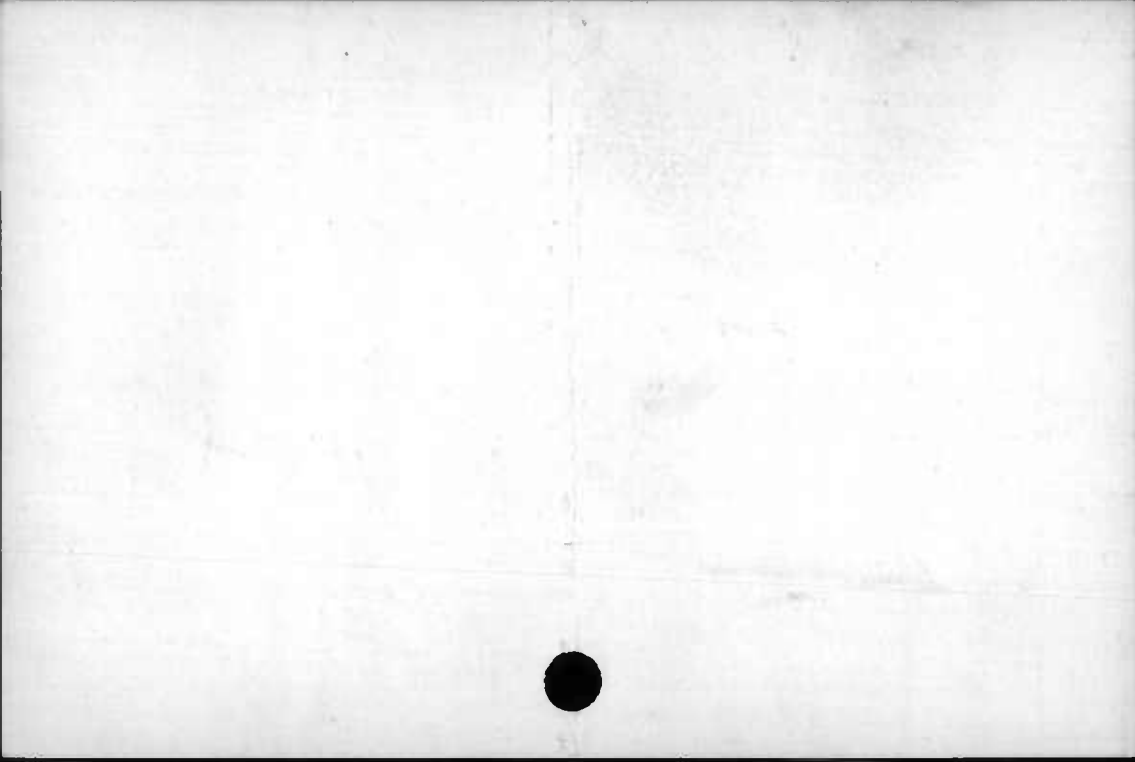
Died at <u>Burrisville</u> <sup>Town</sup>		<u>2 June</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u>	Month	<u>2</u>	Day	<u>2</u>
		Age	<u>67</u>	Years	
Sex	<u>Male</u>	Color or Race	<u>Negro</u>	Birth-place	<u>Chas Co, Md</u>
Occupation	<u>Farmer</u>				
Where Residing if not at place of death					
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Sarah Chamberlin</u>		
Father's Name	<u>Baptist-Short</u>			Father's Birthplace	<u>Chas. Co Md</u>
Mother's Maiden Name	<u>Phillis Chamberlain(?)</u>			Mother's Birthplace	<u>" " "</u>
Name of person giving information	<u>Sarah Short</u>			How related to deceased	<u>Wife</u>

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER  
H

Primary	How long
Immediate	How long
<u>Congestion grippe, Pulmonary, About 72 hours</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	<u>Gas. Dordley M.D.</u>
	Address
	<u>Centerville</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

Elmer Starkey

Town

County

Died at

near Sudlersville

Queen Anne's

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

2

25

Age

2

Sex

Male

Color or  
Race

White

Birth-  
place

Queen Anne's Co

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John W. Starkey

Father's  
Birthplace

Md -

Mother's  
Maiden Name

Annie E. Butler

Mother's  
Birthplace

Md -

Name of person giving  
Information

John W. Starkey

How related  
to deceased

Father

## CAUSES OF DEATH

152

Primary

Cyanosis

How long

2 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

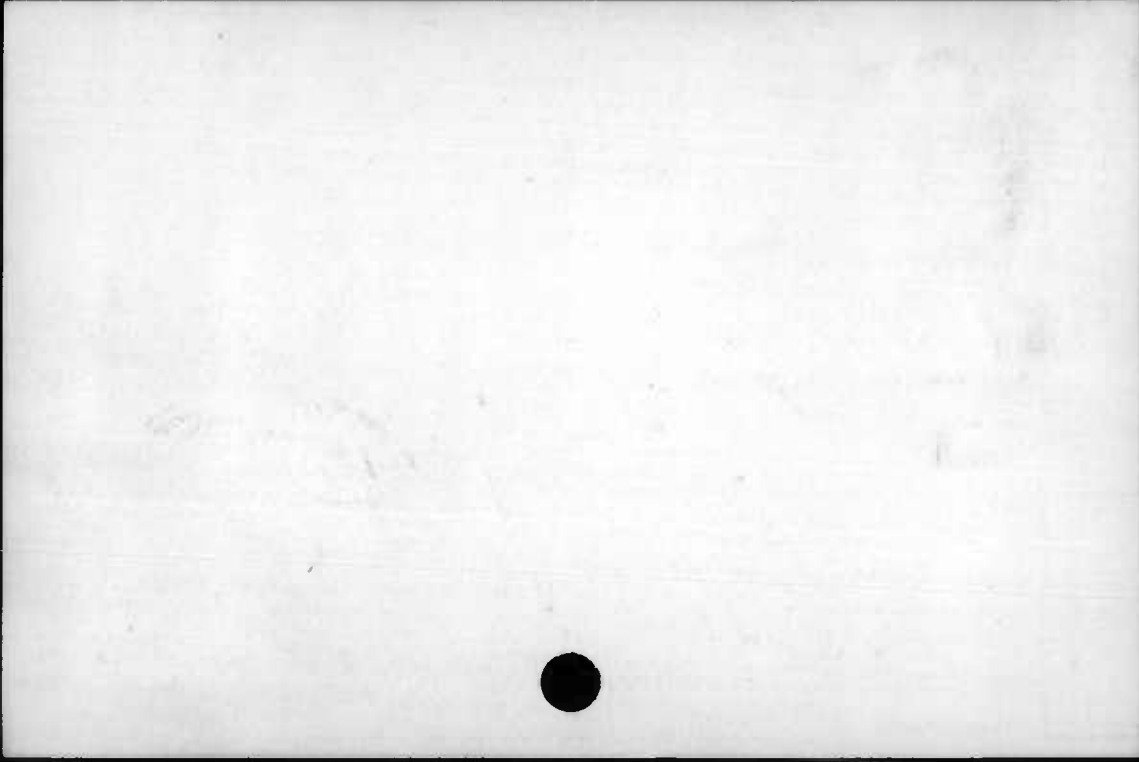
Signature of  
Physician

Address

J. R. Smith, M.D.  
Sudlersville Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Katharine Elizabeth Walters

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

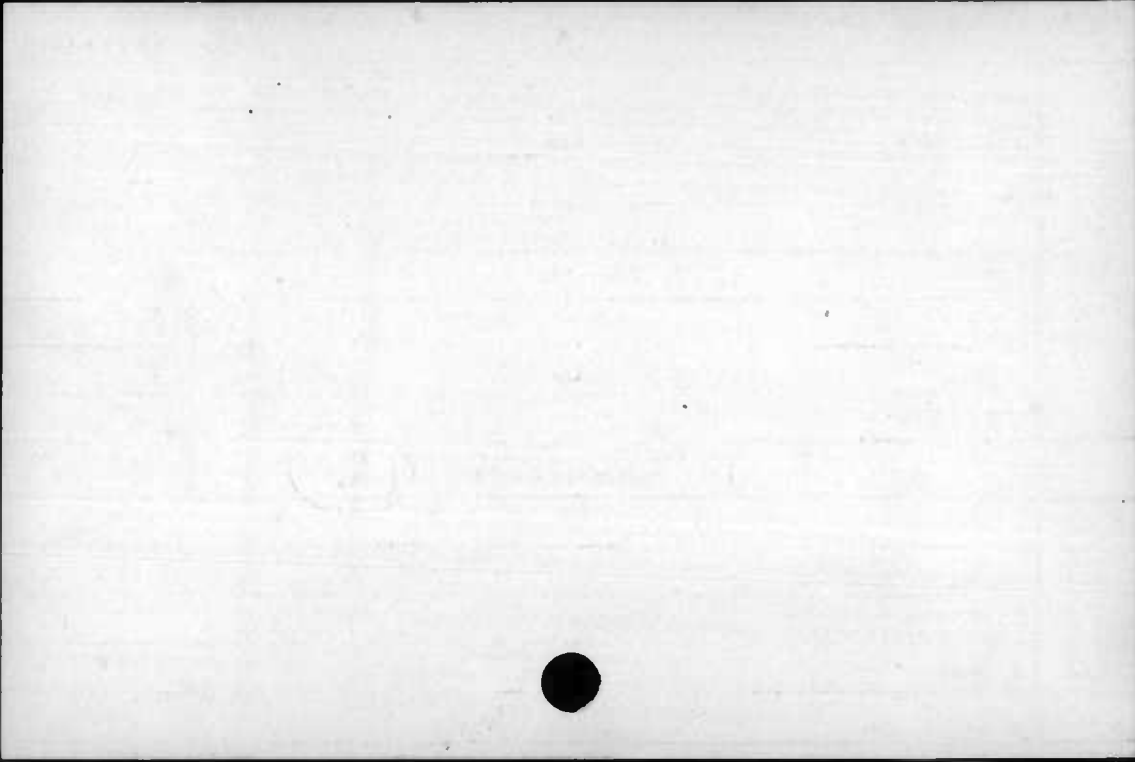
Died at <sup>Town</sup> <i>Neen Queenstown, A.C.C.</i>		<sup>County</sup> <i>Queen Anne</i>		MARYLAND	
Date of death	1908	Month	Feb.	Day	18
Age	1	Years	3	Months	11
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Birth-place	<i>Chrome Middlesex Co., N.J.</i>				
Occupation	<i>chiller</i>		Where Residing if not at place of death <i>Chrome, N.J.</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>Wm Charles Walters</i>			Father's Birthplace	<i>A.C.C., Md.</i>
Mother's Maiden Name	<i>Katharine J. Pigley</i>			Mother's Birthplace	<i>Cranbury, Middlesex Co., N.J.</i>
Name of person giving information	<i>Katharine Walters</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral laceration</i>	How long	<i>One month</i>
Immediate	<i>Cardiac failure</i>	How long	<i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Rowland H. Ford</i>	
Laceration of brain due to <i>fall</i>		Address <i>Queenstown, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Silas A. Weaver

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

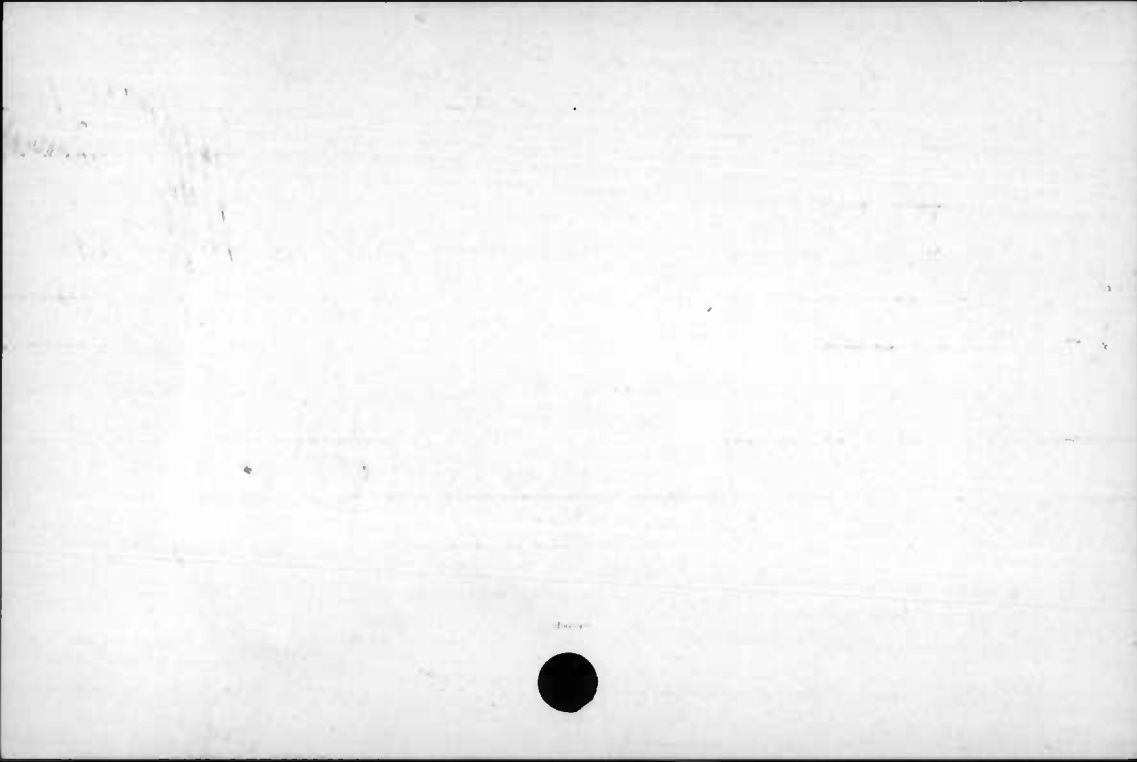
Died at <i>Jordsville</i> <small>Town</small>		<i>Shelburne</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small> <i>Feb</i> <small>Day</small> <i>9</i>		Age <i>—</i> <small>Years</small>		Months <i>2</i> Days <i>8</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>LA, Conn</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Frank B. Warner</i>		Father's Birthplace <i>Balbot Conn</i>			
Mother's Maiden Name <i>Ellen V. Kirwan</i>		Mother's Birthplace <i>Balbot Conn</i>			
Name of person giving information <i>F. B. Weaver</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>malnutrition</i>	How long <i>from birth</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Henry</i>
	Address <i>Stevensville, Md.</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

William Wiggins Sr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

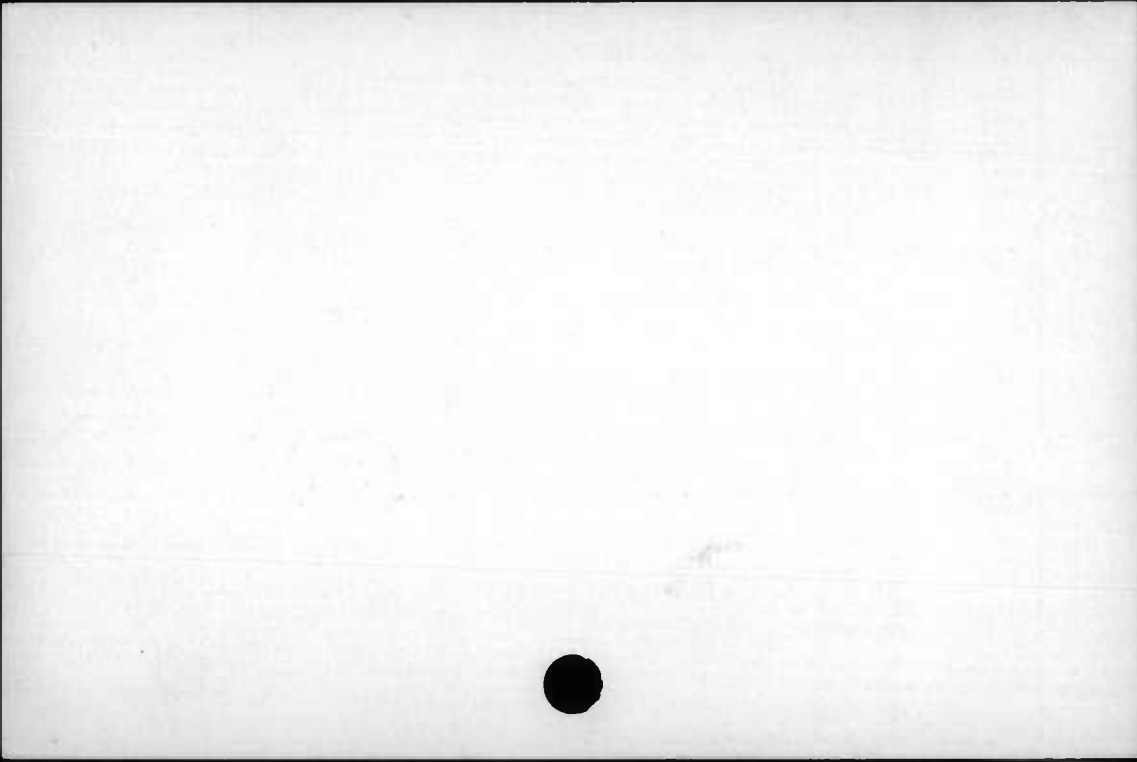
Died at <i>Pond Town</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>10<sup>th</sup></i>	Age <i>93</i>	Months <i>6</i>	Days <i>12</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Queen Anne Co</i>	
Occupation <i>lived with son</i>			Where Residing if not at place of death		
Married, <del>Single</del> <i>Married</i>		Name of Wife <del>or</del> <i>Sarah Ann Carson</i>			
Father's Name <i>William Wiggins</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Comneys</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>William Wiggins</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long <i>for 4 weeks</i>
Immediate <i>Failed to eat, comatose</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. N. Sheppard</i>
	Address <i>Comupton</i>
Accident or Suicide?	<i>Ind</i>



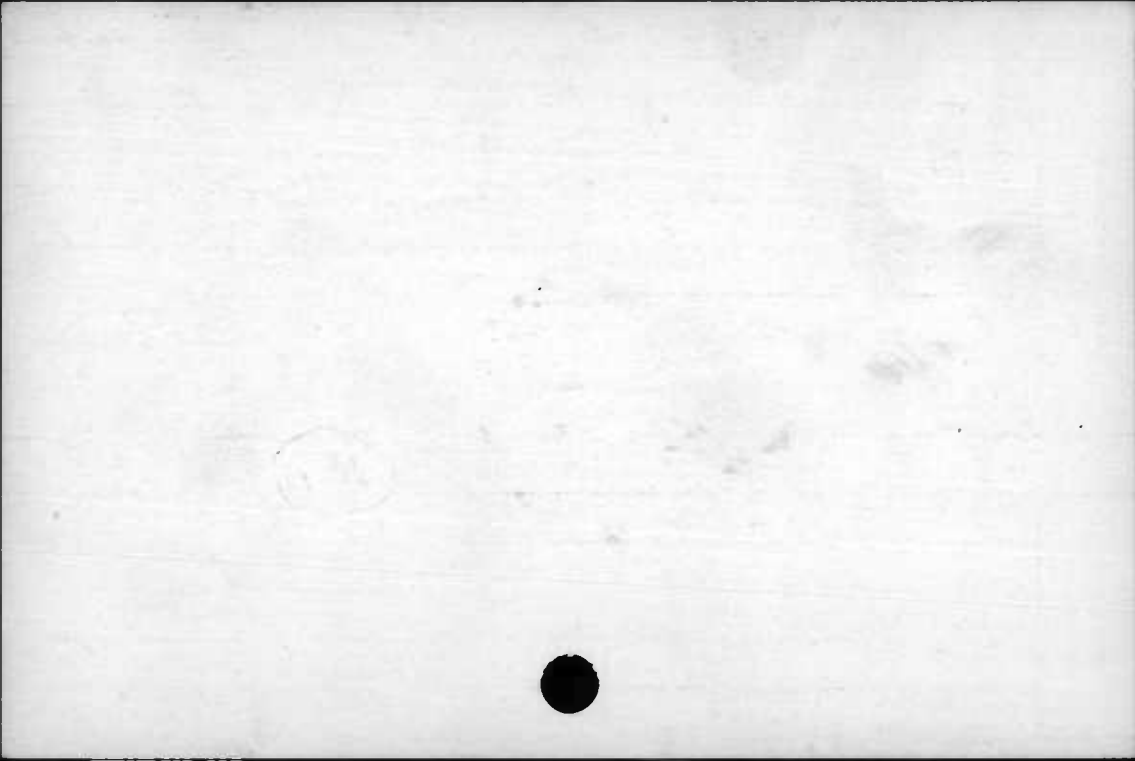
### CERTIFICATE OF DEATH

Died at <u>Centerville</u>		Town <u>Centerville</u>		County <u>Queen Anne's</u>		MARYLAND	
Date of death	<u>1909</u>	Month <u>Feb.</u>	Day <u>4</u>	Age <u>Years</u>	Months		Days <u>20</u>
Sex	<u>male</u>			Color or Race	<u>negro.</u>		
Occupation	<u>none</u>			Where Residing if not at place of death		Birth-place <u>Centerville, Md.</u>	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <u>Albert H. Wilson</u>				Father's Birthplace <u>Queen Anne's</u>			
Mother's Maiden Name <u>Matilda Griffin</u>				Mother's Birthplace <u>" " "</u>			
Name of person giving information <u>Matilda Wilson</u>				How related to deceased <u>Mother</u>			

### CAUSES OF DEATH

104

Primary	Congenital weakness	How long	20 days.
Immediate	acute Indigestion	How long	10 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. F. Smith
		Address	Centreville
Accident or Suicide?	No.		Med



Name in Full		Unknown				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND			
	Date of death		Month	Day	Years	Months	Days			
	Sex		Color or Race		Birth-place					
	Occupation		Where Residing if not at place of death							
	Married, Single or Widowed		Name of Wife or Husband							
	Father's Name		Father's Birthplace							
	Mother's Maiden Name		Mother's Birthplace							
Name of person giving information		How related to deceased								
		CAUSES OF DEATH				172				
PHYSICIAN OR CORONER	Primary		How long							
	Immediate		How long							
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
			Address							
Accident or Suicide?										

(71)

